CENTERS FOR MEDICAR TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	0	FORM APPROMB NO. 0938-0
		A. BUILD	LTIPLE CONSTRUCTION (X3	DATE SURVEY
~~~	44E200	B. WING		R
AME OF PROVIDER OR SUPPLIER AURELBROOK SANITARIUM		s	TREET ADDRESS, GITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321	06/05/2012
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	DE COMPLET
Sanitarium on June of an Allegation of Climmediate Jeopardy and Severity level "Filevel "J;" and F-226. Scope and Severity the corrective action removed the Immed non-compliance com and Severity for F-22 for F-406; and at an F-501, and F-520.  Other deficiencies proaddressed on the Allegation outstanding. Submit a plan of corrective including tags lowered in scope 483.10(b)(3), 483.10(b)(3), 483.10(b)(3), 483.10(c) HEALTH STATUS, Control of the resident has the resident's well-being the resident the resident's well-being the resident the resident's well-being the resident	leted at Laurelbrook 5, 2012, following acceptance compliance to remove the y at F-223 and F-323, Scope K;" F-406, Scope and Severity F-490, F-501, and F-520, level "L". The revisit revealed s implemented May 30, 2012, iate Jeopardy but tinues at an "E" level Scope 23 and F-323; at a "D" level "F" level for F-226, F-490, eviously cited and not egation of Compliance The facility is required to ection for all outstanding the Immediate Jeopardy e and severity. d)(2) INFORMED OF ARE, & TREATMENTS right to be fully informed in the can understand of his or including but not limited to addition.  light to be fully informed in the treatment and of any or treatment that may affect	{F 154}	All future hires to the nursing howill receive in-services stated for the deficiencies cited from this survey.  F 154 483.10 (b)(3), 483.10(d)(2) Informed of Health Status, Car& Treatment  Resident #1  1) The DON reviewed their policand revised to ensure that all residents are informed if and whe any drug screens are performed as ordered by the physician and the reason for the test. The DON	e Chaliz

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Provious Versions Obsolete

Event ID: G6LS12

Facility ID: TN7201

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			(X3) DATE SURVEY COMPLETED		
		44E200	11		WING		R
	OVIDER OR SUPPLI	ER		S	TREET ADDRESS, CITY, STATE, ZIP 114 CAMPUS DRIVE	CODE	/05/2012
(X4) ID PREFIX TAG	SUMMARY STAT	EMENT OF DEFFICIENCIES	ID PREFIX TAG		PROVIDERS PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	(X5) COMPLETION DATE	
			F 154		RNs and LPNs that all test ordered by the physician of approved by the resident, family, or POA prior to compare any diagnostic lab test incompared by the resident of the process of the policy on 5/22/12 decided Director was process of this policy on 5/22 help ensuring residents or members or POA are kept The policy "Health and M Condition, Informing Residents of the policy of	nust be their onducting luding . The vided a 9/12 to family informed. edical dents of' & LPN on	
					Exhibit # 30  2) On 5/29/12 all other rewho had lab work conduct the month of May either the resident, family or POA had informed of the lab work & notification was documented that. On 6/1/12 all lab woordered was documented in Record based on chart audit conducted by LPN staff. On the policy "Health and Med Condition, Informing Residuals posted on the nursing's board as a reminder of facility."	sidents ed within e d been t this ed in ork n Medical t On 6/1/12 dical dents of' s bulletin	
ABORATORY DIREC	TOR'S OR PROVIDER/SU	PPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

	06-07 15:35	DC0547PM13501		8652125642 >>	4237756346	D 5
DEP	ARTMENT OF HEALTH	AND HUMAN SERVICES			PRINTE	D: 06/07/2012
CEN	TERS FOR MEDICARE MENT OF DEFICIENCIES	& MEDICAID SERVICES	~~~		FORI OMB NO	M APPROVED 0. 0938-0391
	AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI	JETIPLE CONSTRUCTION	(X3) DATE	
		44E200	B. WIN	G		R
NAME	F PROVIDER OR SUPPLIER			Profes - Dodday	06/	05/2012
LAUR	ELBROOK SANITARIUM	ı		STREET ADDRESS, CITY, STAT 114 CAMPUS DRIVE DAYTON, TN 37321	E, ZIP CODE	
(X4) II PREFI	SUMMARY STATE	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	10	PROVIDER'S PLA	N OF CORRECTION	1 100
TAG	REGULATORY OR LE	C IDENTIFYING INFORMATION)	PREFIX	CROSS-REFERENCED	ACTION SHOULD BE YO THE APPROPRIATE HENCY)	COMPLETION DATE
{ <b>€</b> 154	4) Continued From pag	ne 1		practice. This poli		
0.5		nform one resident (#1) of a	{F 154	- Joseph damitory		1 1
	laboratory test perfor residents reviewed.	rmed of twenty-seven	į	months beginning	with 6/1/12.	
	·		İ	3) The DON or d	esignee will	
	. The findings included	<b>3</b> :	i	monitor all lab wor	k ordered to	
	Resident #1 was adn	nitted to the facility on July 8,		ensure residents are	e aware of testing	
	2008, with diagnoses	including Quadriplegia.		beginning 5/29/12.		
	Mood Disorder, Seizu	are Disorder, and Bipolar		"Health and Medic	al Condition.	
	Disorder.		1	Informing Residen		İ
	Medical record review	v of the Minimum Data Set		serviced quarterly		
	(MDS) dated March 1	5. 2012, revealed the		months beginning		- 1
	resident scored fifteer	n of fifteen on the Brief		policy will be part		
	Interview for Mental S	tatus (BIMS) indicating		new employees beg		1
	, intact cognitive skills a	and no memory impairment.		The DON or design	ee will monitor	1
	Interview with the Nur	sing Home Administrator		random lab work or		1
	(NHA) on May 7, 2012	2, at 1:50 p.m., in the NHA		physician to ensure		
	office, revealed a uring completed on the resid	e drug screen was	1	residents or their fa		
	without the resident's	knowledge or concept		have been informed		
	:			begun on 5/29/12 ar	40 P	
	Interview with the Dire	ctor of Nursing (DON) on		weekly for 6 weeks		-
	May 9, 2012, at 9:10 a confirmed the facility c	.m., in the front lobby,		to ensure compliance		
	screen on the resident	without the resident's		achieved.		- 1
	knowledge or consent.	mandat the residents		on viver southern seems seems		1
		8		4) The DON will re	port the	
(E 4 <i>E</i> 7)	C/O #27265 #28092	OF OUNDER		outcomes to the nex		
	483.10(b)(11) NOTIFY (INJURY/DECLINE/RC		{F 157}	QAPI Committee ar		İ
9940	(	, J., L. (V)		Administrator will r		
ļ	A facility must immedia	itely inform the resident;		Board quarterly. Th	: 10mm (10mm 10mm 10mm 10mm 10mm 10mm 10m	
į	consult with the resider		i	Committee is sched		
į		ent's legal representative member when there is an	İ			
į	accident involving the re	esident which results in				
920			1		1	116

	-06-07 15:35	DC0547PM13501		8652125642 >> 42	237756346	P 5	
CEN	TERS FOR MEDICARE	AND HUMAN SERVICES			FO	ED: 06/07/	VE
AND PL	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION LDING	(X3) DAT	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		44E200	B. WI	IG		R	
	OF PROVIDER OR SUPPLIER		· · · · · ·	STREET ADDRESS, CITY, STATE, ZIP CO	000	6/05/2012	
	RELBROOK SANITARIUM			114 CAMPUS DRIVE DAYTON, TN 37321	<i>No</i> E		
PREF	IX ! (EAUN DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL, C IDENTIFYING INFORMATION)	PREFII TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	CHAILE	COMPLET DATE	ION
{F 15	the facility failed to in laboratory test performent residents reviewed.  The findings included	nform one resident (#1) of a rmed of twenty-seven	{F 15	4}	January Carlottela Province		
	2008, with diagnoses	nitted to the facility on July 8 including Quadriplegia, ure Disorder, and Bipolar	3,	*			
	(MDS) dated March 1 resident scored fifteer Interview for Mental S	of fifteen on the Brief					
	Interview with the Nun (NHA) on May 7, 2012 office, revealed a uring completed on the resid without the resident's I	dent on May 3, 2012.					
	Interview with the Direct May 9, 2012, at 9:10 a confirmed the facility confirmed the resident knowledge or consent.	ompleted a urine drug without the resident's					
SS=D	C/O #27265 #28092 483.10(b)(11) NOTIFY (INJURY/DECLINE/RO A facility must immedia	OOM, ETC)	{F 157}	F 157 483.10(b)(11) Noti Changes (Injury/Decline Etc)	/Room	6/6/12	
	consult with the resider known, notify the reside	nt's physician; and if ent's legal representative member when there is an		1) Upon being made awa #4's deficient practice of		~ (	

2012-06-07 15:35 DEFARTIMENT OF HEALTH CENTERS FOR MEDICARE	& MEDICAID SERVICES		652125642 >> 4237	FOR	P 6	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION	(X3) DATE	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED R	
AMAZ D. S. S. S. S. S. S. S. S. S. S. S. S. S.	44E200	B, WING		1 00		
NAME OF PROVIDER OR SUPPLIER LAURELBROOK SANITARIUM		s	05/2012			
PREFIX (EAGH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	THE PARTY	COMPLETION DATE	
physical, mental, or particular deterioration in health status in either life the clinical complications significantly (i.e., a new existing form of treatments); or a decist the resident from the \$483.12(a).  The facility must also and, if known, the resident rights under Fregulations as specified this section.	stential for requiring physician cant change in the resident's osychosocial status (i.e., a sychosocial reatening conditions or reatening conditions or ); a need to alter treatment eed to discontinue an ment due to adverse commence a new form of ion to transfer or discharge facility as specified in promptly notify the resident dent's legal representative ember when there is a mmate assignment as e)(2); or a change in	{F 157]	administering herbal medical without a physician order, a service was conducted on the correct policy "Medication Supplied" stating that all medications must have a physician orders including herbal medications must have a physician orders including herbal medications must have a physician orders including herbal medications was desired. This was of 5-15-12. The DON will obstain the physician orders are note was begun on 6/1/12. The Pharmacy Service was deffective June 1, 2012. The Pharmacy Consultant will as capturing physician orders for medications administered and recorded on MAR.	r in- e Family ysician ications nt or done on erve thly d. This changed sist in or all		
the address and phone	e number of the resident's interested family member.		Exhibit # 37			
This REQUIREMENT by: Based on medical recommend interview, the facility physician to receive an medications for one restwenty-seven residents The findings included: Resident #20 was admit	ord review, observation, ty failed to notify the order for herbal sident (#20) of reviewed.		2) On 5/15/12 to 5/16/12 DON/ADON checked the oth medication cart for all other residents to ensure no herbal medications were being administered without a physic order. No other residents were identified as needing an order 5/29/12 the RN/BSN staff inserviced all other licensed sta	cian e c. On		

DEP	ARTI	7 15:35 MENT OF HEALTH	DC0547PM13501 HAND HUMAN SERVICES		8652125642 >>	4237756346	EU! US/11/2015
STATES	(ENT O	F DEFICIENCIES	& MEDICAID SERVICES			FC	RM APPROVED NO. 0938-0391
AND PL	AN OF	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTIPLE CONSTRUCTION		E SURVEY
				A. BUI	LDING	CO	MPLETED
			44E200	B, WIN	IG	_ )	R
NAME	OF PRO	VIDER OR SUPPLIER		$ \perp$ $_{\uparrow}$			6/05/2012
LAUR	ELBR	OOK SANITARIUM	t.	8	STREET ADDRESS, CITY, STATE, 114 CAMPUS DRIVE DAYTON, TN 37321	ZIP CODE	
(X4) I		SUMMARY STAT	TEMENT OF DEFICIENCIES	1 10	PROVIDER'S PLAN	NE 0022	
PREF. TAG		REGULATORY OR LS	MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE THE APPROPRIATE	COMPLETION DATE
⟨F 15	73 . Co	ontinued From pag	10.2		"Verbal and Written	Orders –	
[, ,			ses including Anemia,	{F 15	7) General.		1 1
	Os	teoporosis. Cereb	oral Vascular Accident,	İ			
	Tra	ansient Ischemic A	Attacks, and Cataract Repair		3) On 5/17/12-5/20	/12, the ADON	
	i.		•	i	conducted a random	sample of four	1 1
	Ob	servation on May	15, 2012, at 9:30 a.m., in the	e	licensed staff medica	ation pass	
	(LF	N) #4. preparing	ed Licensed Practical Nurse multiple herbal medications		observation to ensure	e that the	!
	to	administer to Resid	dent #20, including		facility policy and st		i
	Da	ndelion Leaf, Haw	thorn Berry, Turmeric	İ	observed including p	hysician orders	
	Bill	erry Leaf, and Vit	amin C. Further observation	1	for all medications.		
	lock	chans labeled with	ations were stored in zip of the herbal medication	į	consultant will assist		1 1
	! nan	ne and strength, if	applicable, and did not	ļ	observations of RNs		
	incl	ude the resident's	name, medication	1	administering medica		
	exp	iration date, order	ing physician's name,	i	the facility beginning		
	aisp	ensing instruction	s, or pharmacy label,	į	DON or designee wil		
	Med	lical record review	of the Medication	1	medication administr		1 1
	Adm	inistration Record	for May 2012 revealed the		resident's medication		i
	resid	ent received all th	ne herbal medications daily	!	physician orders. Th		
	TON	May 2 through 15	5, 2012.	1	on 5/15/12 and will c	ontinue weekly	
	Med	ical record review	of the physician's orders	ļ	for 4 weeks then mon		
	for N	iay 2012 revealed	no order from the		random basis to ensur		i l
	resid	lent's physician for	r the herbal medications.	1	has been achieved.	e compiumee	
	Inter	view on May 15 2	012, at 1:30 p.m., with LPN	i			i l
	#2. a	t the nurse's static	on, confirmed the		4) The DON will rep	ort the	i 1
ļ			ght to the facility in zip lock		outcomes to the next		
i			nd the physician had not		QAPI Committee and		
		notified to obtain herbal medicatio	an order for administration		Administrator will rep		
F 1641		10(e), 483.75(l)(4)	PARTICIPATION AND AND AND AND AND AND AND AND AND AN	{F 164}	Board quarterly. The		
			TIALITY OF RECORDS	11 1047	Committee is schedul		
:	The r confid recor	dentiality of his or	tht to personal privacy and her personal and clinical				

DEP	TERS FOR MEDICAR	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES		8652125642 >>	FOF	ELJ: UbJU/JZU1 RM APPROVE
AND PLA	AENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE	IO. 0938-039 E SURVEY PLETED
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NAMEC	OF PROVIDER OR SUPPLIER		<u> </u>	TOETT ADDRESS AND A STATE		/05/2012
LAUR	ELBROOK SANITARIUM	1		TREET ADDRESS, CITY, STATE, 2 114 CAMPUS DRIVE DAYTON, TN 37321	IP CODE	
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(F 157	Osteoporosis, Cere	ge 3 oses including Anemia, oral Vascular Accident, Attacks, and Cataract Repair.	{F 157		The Property and the American	
	west hallway, reveal (LPN) #4, preparing to administer to Res Dandelion Leaf, Haw Bilberry Leaf, and Vi revealed these medi tock bags labeled wit name and strength, i include the resident's expiration date, orde dispensing instruction	whorn Berry, Turmeric, tamin C. Further observation cations were stored in zip to the herbal medication of applicable, and did not name, medication ring physician's name, or pharmacy label,				
	Medical record review Administration Recor resident received all from May 2 through 1	d for May 2012 revealed the herbal medications daily				
	for May 2012 reveale	of the physician's orders d no order from the or the herbal medications.				
	#2, at the nurse's stat medications were bro bags by the resident a been notified to obtain of the herbal medicati 483.10(e), 483.75(l)(4	ught to the facility in zip lock and the physician had not an order for administration ons.  PERSONAL	(F 164)	F 164 483.10(e). 483.		
į	The resident has the r	ITIALITY OF RECORDS ight to personal privacy and her personal and clinical		Personal Privacy/Co of Records	andentiality	11/11/12

DEPAR	RS FOR MEDICARE	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES	8	652125642 >>	FOR	U! U6/07/201
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MŲĮ A. BUILD	TIPLE CONSTRUCTION	(X3) DATE COMP	0. 0938-039 SURVEY LETED
		44E200	D. WING			R
	PROVIDER OR SUPPLIER BROOK SANITARIUM	1900		TREET ADDRESS, CITY, STATE, 2 114 CAMPUS DRIVE	IP CODE	05/2012
(X4) ID PREFIX TAG	. (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETION DATE
{F 164}	Continued From pag	e 4	{F 164}	1) Upon being made #2's deficient practic	e of	
i i i i i i i i i i i i i i i i i i i	medical treatment, we communications, per meetings of family and does not require the 1 room for each resident recept as provided in section, the resident release of personal arindividual outside the The resident's right to and clinical records do resident is transferred institution; or record referred institution; or record resident in the reside he form or storage meetease is required by	sonal care, visits, and of resident groups, but this facility to provide a private of.  paragraph (e)(3) of this may approve or refuse the of clinical records to any facility.  refuse release of personal pes not apply when the to another health care elease is required by law.  confidential all information ent's records, regardless of ethods, except when transfer to another aw; third party payment		administering an insulation without providing propatient, an in-service with LPN # 2 on providing particular with LPN # 2 on providing any of body parts by closing curtains while adminimedications. This was 15-12 by the DON. The DON/ADON will obstand on a month no errors are noted. The on 6/1/12. The Pharm Consultant will assist observing RNs and L. Med Pass process beging 2012 to ensure privace maintained.	ivacy to the was conducted viding privacy f a resident's door and istered as done on 5- The serve LPN # 2 ly basis until his was begun nacy in the PNs during the ginning June 1,	
b E fa	y: Based on observation Biled to provide privacy ne resident (#A) of fivi uring medication pass he findings included:	, 2012, at 8:10 a.m., in the		2) On 5/15/12 to 5/29 observed medication a of all other residents t privacy was provided the ADON in-serviced licensed staff on the dipractice observed by so The in-service consist privacy of residents distreatment and administ medications that needs	administration o ensure On 5/29/12 d all other efficient surveyors. ed of the uring stering	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X		MULTIPLE ONSTRUCTION BUILDING	(X3) DATE SURVEY COMPLETED	
		44E200	В.		VING	06/	R 05/2012
	OVIDER OR SUPPLI OK SANITARIUM	ER			FREET ADDRESS, CITY, STATE, ZIP CO 114 CAMPUS DRIVE DAYTON, TN 37321		03/2012
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			F 16	4	The "Quality of Life - Dign policy was given to each RN LPNs with acknowledgemer receipt completed on 6/1/12  Exhibit # 38  3) Medication Pass will be observed by the DON or destending 6/1/12 to ensure the facility policy and state laws observed concerning privacy. Residents during medication administration and treatment Pharmacy consultant will ass. Med Pass observations of RN LPNs during administration medications within the facility beginning 6/1/12. The DON designee will monitor medical administration to ensure resimedications are given in private when resident's body parts a exposed. This was begun on 5/15/12 and will continue we for 4 weeks then monthly on random basis to ensure compliant been achieved.  4) The DON will report the outcomes to the next quarter QAPI Committee and ultimated.	signee hat the sare y of t. The sist in Ns & of ty or ation dent's yate re	
ABORATORY DIRE	CTOR'S OR PROVIDER/SU	PPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

CENTERS FOR MEDICAR	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES	8	652125642 >>	FOR	P 9 D: Ud/U//ZU1 M APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDÉR/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE	O. 0938-039 SURVEY LETED
	44E200	B. WING		- 1	R
NAME OF PROVIDER OR SUPPLIER  LAURELBROOK SANITARIUM	200 200	1	REET ADDRESS, CITY, STATE, ZIF 114 CAMPUS DRIVE DAYTON, TN 37321	CODE	05/2012
I FREFIX LEAGH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED YO'T DEFICIENCE	10N SHOULD BE 'HE APPROPRIATE	COMPLETION DATE
during administration abdomen with the response the bare above revealed staff and resident's room in the room window was with the parking lot during linterview on May 15, #2, in the west hallwand provided for the redirection administration.  (F 166) 483.10(f)(2) RIGHT SECULYE GRIEVAN A resident has the rigin facility to resolve griethave, including those of other residents.  This REQUIREMENT by:  Based on medical recifacility policy review, a failed to resolve a grieth of twenty-seven residents.  The findings included:  Resident #1 was admit 2008, with diagnoses ith Mood Disorder, Seizur Disorder,	the window curtains closed of of insulin in the resident's esident's shirt pulled up to fully lomen. Further observation esidents walked by the e halfway and the resident's ithin direct observation from g the injection.  2012, at 8:20 a.m., with LPN ay, confirmed privacy was esident during the insulin TO PROMPT EFFORTS TO ICES  that to prompt efforts by the vances the resident may with respect to the behavior list not met as evidenced cord review, observation, and interview, the facility vance for one resident (#1) ents reviewed.  tted to the facility on July 8, including Quadriplegia, e Disorder, and Bipolar of the Minimum Data Set	{F 166}	Administrator will rep Board quarterly. The next scheduled Q is scheduled for 6/20/1	API meeting	

CEN	06-07 15:36 DELIVER OF DELIVER OF DEFICIENCIES	DC0547PM13501 IEAL I H AND HUMAN SERVICES DICARE & MEDICAID SERVICES		3652125642 >> 423	FOR	ED: U0/U7/20
AND PL	AN OF CORRECTION	(X1) PROVIDÉR/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	LTIPLE CONSTRUCTION		O. 0938-039 SURVEY
			A. BUILD	DING	COMP	PLETED
	A	44E200	B. WING		)	R
NAME	OF PROVIDER OR SUF	PLIER	Is	TREET ADDRESS, CITY, STATE, ZIP COD	06	/05/2012
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(X4) I PREF TAG	A LEAGH DEF	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED YO THE AI DEFICIENCY)	WALL BY WA	COMPLETION DATE
{F 166} SS≂D	abdomen with expose the barevealed staff resident's roor room window the parking lot.  Interview on M. #2, in the west not provided for administration, 483.10(f)(2) RIGNESOLVE GRIVARESOLVE The findings including of other resident facility policy revisited to resolve of twenty-seven The findings including mod Disorder, Solve Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Grivares Gri	d pull the window curtains closed stration of insulin in the resident's the resident's shirt pulled up to ful re abdomen. Further observation and residents walked by the in in the hallway and the resident's was within direct observation from during the injection.  ay 15, 2012, at 8:20 a.m., with LPI hallway, confirmed privacy was referred the insulin GHT TO PROMPT EFFORTS TO EVANCES  the right to prompt efforts by the engile of the grievances the resident may those with respect to the behavior that it is not met as evidenced call record review, observation, riew, and interview, the facility and grievance for one resident (#1) residents reviewed.  uded:  admitted to the facility on July 8, oses including Quadriplegia, Seizure Disorder, and Bipolar eview of the Minimum Data Set	(F 166)	F166 483.10(f)(2) Right the efforts to Resolve Grieva  1) The grievance filed by # 1 has been discussed with Resident #1 by the Administration and his fan replaced on 6/1 apology was provided to R 1 for delay in addressing his complaint. The consultant Administrator assisting the Administrator conducted an service with the Administrator the facility's compliance of investigation of grievances documentation of investigation of stream of the facility.  2) On 5/15/12 to all other the facility of the facility of the facility of the facility of the facility of the facility.	Resident h istrator /12. An esident # is facility in interest on concerning and etion on residents	6/le/12
:		rch 15, 2012, revealed the		were assessed for an unreso		

2012-06- DEPARTI CENTER	MENT OF HEALTH	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES		8	652125642 >> 42377	56346 PRINTE	P 10 D: 05/07/2012 MAPPROVED
STATEMENT (	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MUL	TIPLE CONSTRUCTION	(X3) DATE	0.0938-0391 SURVEY
		44E200	B. W	VING.	7		R
NAME OF PRO	VIDER OR SUPPLIER			Tsr	REET ADDRESS, CITY, STATE, ZIP CODE	06/	05/2012
LAURELB	OOK SANITARIUM				114 CAMPUS DRIVE DAYTON, TN 37321		
(X4) ID PREFIX : TAG	(EACH DEFICIENCY)	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRIPAGE OF THE PROPERTY)	H O DE	COMPLETION DATE
Reight reviaction info	terview for Mental Stact cognitive skills asservation and Interest 7, 2012, at 10:50 pm, revealed two was resident and where to the resident it in not make the facility had not talked to not working after being the facility policy and the facility policy and the facility policy and the facility policy and the facility policy and the facility policy and the facility policy and the facility policy and the facility policy and the facility policy and the facility policy and the facility policy and the facility policy and the facility and the facility had the facility had resident and the facility had resident and the facility had resident and the facility had resident the facility had resident facility had resident facility had resident facility had resident and the facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility had resident facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility f	and of fifteen on the Brief Status (BIMS) indicating and no memory impairment and no memory impairment and no memory impairment and no memory impairment and no memory impairment and no memory impairment and no memory impairment and no memory impairment and no memory impairment and no maintenance returned the colonger worked. It this time revealed the to the resident regarding the being cleaned and the the broken fan to the properties of the series of the memory in the properties of the memory in the properties of the series of the memory in the properties of the memory in the properties of the interview at this time not working when returned and ministrator stated, use to talk to the resident use to continue to write up his resident."			grievance. There were no of	e isted of LPN ove in- y have are to ror or sure te laws vance ces an ted. It will igated es are	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ULTIPLE ONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
		44E200	В.	٧	ING	064	R 05/2012
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			F 16	6	and will continue weekly for weeks then monthly on a rate basis to ensure compliance achieved. The Administrate report the outcomes of Grie monitoring to the next quart QAPI Committee and ultime Administrator will report to Board quarterly. The next (Committee meeting is scheef 6/20/12.	ndom has been or will evance terly lately the the API	
ABORATORY DIRE	ECTOR'S OR PROVIDER/SU	IPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

CENT	ERS FOR MEDICARE	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES		8652125642 >> 42377	FORM	P 11 D: U6/U/IZU1Z 1 APPROVED 0938-0391
STATEME!	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	URVEY
-		44E200	B. WING	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	F-100 (100 (100 (100 (100 (100 (100 (100	R
1 10 FA10 . TO	PROVIDER OR SUPPLIER LBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321	06/0	5/2012
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{F 166}	Continued From page was still unresolved.	a 7	{F 166	0)		
{F 172} SS=D	C/O #27265 #28092 483.10(j)(1)&(2) RIGH PROVISION OF VISI	HT TO/FACILITY TOR ACCESS	{F 172	F 172 483.10(j)(1) & (2) Rig /Facility Provision of Visitor Access		6/6/12
	provide immediate ac following:  Any representative of Any representative of The resident's individuate State long term of (established under sec	the State; al physician; are ombudsman		1) The DON in-serviced the Coordinator on Resident Right reviewed the deficient practic relates to the incident of Resident being allowed a visitor to or Resident leave with the visuand taking the keys from the con 5/16/12. The DON conductions	nts and e that dent #1 visit itor visitor	
	Older Americans Act of The agency responsible advocacy system for di individuals (established	f 1965); e for the protection and evelopmentally disabled		in-service with all RNs, LPNs CNAs on Resident Rights 5/1 5/24/12, & 5/28/12.  2) On 5/15/12 to 5/29/12 all oresidents were interviewed for	5/12, other	
;	or Mentally III Individua	entally ill individuals Protection and Advocacy als Act);		violation of their rights. No oresident reported any violation their rights.  On 6/1/12 the policy "Residents" was posted on the nur	of dent	
, r S	consent at any time, im elatives of the resident Subject to reasonable r esident's right to deny	; and		bulletin board as a reminder of facility practice. This policy win-serviced quarterly for the normonths beginning with 6/1/12 RNs, LPNs and CNAs.	f will be ext 6	

2012-0	6-07	15:36	DC0547PM13501	8	652125642 >>	4237756346	D 12
DEPA	RTM	ENT OF HEALTH	AND HUMAN SERVICES	-	072127012	LUMIE	D. UDIVITZULA
CENT	ERS	FOR MEDICARE	MEDICAID SERVICES			FOR	M APPROVED
STATEM	ENT OF		X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE CONSTRUCTION	(X3) DATE	O. 0938-0391
AND PLAI	N OF C	ORRECTION	IDENTIFICATION NUMBER:	A. BUILD	MNG		LETED
l		į	44E200	B. WING		- 1	R
NAME OF	- DDOV	DED OD GLYGOLIGO	44E2QQ				05/2012
NAME OF	PROV	IDER OR SUPPLIER		\$	TREET ADDRESS, CITY, STATE, ZI	P CODE	
		OOK SANITARIUM	bull quantum course a site		114 CAMPUS DRIVE DAYTON, TN 37321		
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A 6556	1	resident.		1 11 112	Exhibit Exhibit		
	ļ				EXHIDI	. #0 /	
			de reasonable access to		3) The DON or design	200 Will	
	i pro	vides health, socia	ntity or individual that I, legal, or other services to		monitor for any violat		1 1
	the	resident, subject to	the resident's right to deny		Resident's rights by in		
		vithdraw consent a					1
	1				residents beginning 5/		1
	This	DECLUDEMENT	is not met as evidenced		the QIES survey docu		
	by:	RECOINEMENT	is not met as evidenced		Residents. This polic		
		sed on medical rec	ord review, observation,	}	Rights" will be in-serv		
			ights, and interview, the		for the next 6 months	_	1 1
	facil	ity failed to provide	visitor access for one seven residents reviewed.	į	6/1/12. The DON will		1
	resi	dent (#1) of twenty	-seven residents reviewed.	<u> </u>	policy is a part of orien		1 1
	: The	findings included:			employees beginning (DON or designee will		
	Res	ident #1 was admir	ted to the facility on July 8,		residents randomly for	any	
	200	8, with diagnoses in	ncluding Quadriplegia,		violations of Resident	Rights. This	
			e Disorder, and Bipolar		was begun on 6/1/12 a	nd will	
	Disc	rder.			continue monthly for 3	months then	
	Med	ical record review	of the Minimum Data Set		as needed to ensure co.	mpliance has	
	(MD	S) dated March 15	, 2012, revealed the		been achieved.	Proceduse and the first two two selections of the first transfer to	
			of fifteen on the Brief				1
	Inter	view for Mental St	atus (BIMS) indicating nd no memory impairment.		4) The DON will repo	rt the	
	intac	a cogniuve skills al	id no memory impairment.		outcomes to the next q	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1
			ew on May 7, 2012, at		QAPI Committee and		1
			ent's room, revealed the		Administrator will repo		
	resid	lent sitting in an ele	ectric wheelchair. vealed the resident had a		Board quarterly. The n	1800 (MOREON - 1864) 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 -	
			and the facility took the	Ì	QAPI Committee is 6/2		
	keys	to the visitor's van	to prohibit the resident				
	from	visiting and leavin	g the facility with the				1
	visito	DF.					

CEN	TERS FOR MEDICARI	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES	86	52125642 >>	FOI	ED: 06/07/201:
STATE	SENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DAT	IO. 0938-039 E SURVEY PLETED
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NAME C	F PROVIDER OR SUPPLIER	-	Tern	EET AGDDEGG AWA ATTA	06	3/05/2012
LAUR	ELBROOK SANITARIUM		11	EET ADDRESS, CITY, STATE 14 CAMPUS DRIVE AYTON, TN 37321	, ZIP CODE	
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{F 17:	local county Sherriff 2012, at 1:50 p.m., i call had been made from a visitor on Ma had taken the visitor and refused to allow resident.  Review of the facility documentation in the revealed "may hav	with a detective from the 's Department on May 8, evealed a 911 (emergency) to the Sheriffs Department y 3, 2012, stating the facility 's keys to the visitor's van the visitor to visit with the	{F 172}			
	Interview with the Ad at 1:50 p.m., in the Ad confirmed the facility on May 3, 2012, and the resident until the instructed the facility visitor.  Interview with the MD 2012, at 11:20 a.m., in the Adams of the Interview with the MD 2012, at 11:20 a.m., in the Interview with the MD 2012, at 11:20 a.m., in the Interview with the MD 2012, at 11:20 a.m., in the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with the Interview with	ministrator on May 7, 2012, dministrator's office, had taken the visitor's keys denied the visitor access to Sheriff's Department to give the keys back to the S Coordinator on May 14, in the Director of Nursing's				
	office, revealed the M the keys from the visil Continued interview a facility failed to allow the visitor.  C/O #27265 #28092 483.13(a) RIGHT TO PHYSICAL RESTRAI  The resident has the rephysical restraints imp	DS Coordinator had taken for of Resident #1. It this time confirmed the he resident access to the DE FREE FROM NTS Ight to be free from any losed for purposes of face, and not required to	{F 221}			

CENT	ERS FOR MEDICARE	DC0547PM13501 H AND HUMAN SERVICES & MEDICAID SERVICES	8	3652125642 >> 42	FOR	D: 06/07/201:
STATEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MU A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE	O. 0938-039* SURVEY PLETED
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100000000000000000000000000000000000000	F PROVIDER OR SUPPLIER ELBROOK SANITARIUN	1	s	TREET ADDRESS, CITY, STATE, ZIP CO 114 CAMPUS DRIVE DAYTON, TN 37321	DDE 1 06	3/05/201 <u>2</u>
(X4) ID PREFIX TAG	( EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETION DATE
{F 172	local county Sherriff 2012, at 1:50 p.m., I call had been made from a visitor on Ma had taken the visitor and refused to allow resident.  Review of the facility documentation in the	with a detective from the 's Department on May 8, evealed a 911 (emergency) to the Sheriff's Department y 3, 2012, stating the facility 's keys to the visitor's van the visitor to visit with the	{F 172		CANCEL DESIGNATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP	
	at 1:50 p.m., in the A confirmed the facility on May 3, 2012, and the resident until the instructed the facility visitor.  Interview with the ME 2012, at 11:20 a.m., i office, revealed the M the keys from the visit Continued interview at	had taken the visitor's keys denied the visitor access to Sheriff's Department to give the keys back to the S Coordinator on May 14, in the Director of Nursing's IDS Coordinator had taken				
(F 221) SS=E	physical restraints imp	NTS right to be free from any cosed for purposes of nce, and not required to	{F 221}	F 221 483.13(a) Right of From Physical Restrain Residents # 1, #2, #4, #1 #14, #16, #17, #18, #19,	nts 10, #12,	6/4/12

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PRINTEU: UDIOTIZUTZ DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID (X5) COMPLETION DATE PREFIX TAG TAG 1) A Staff RN was assigned to (F 221) Continued From page 10 (F 221) complete a restraint assessment on the above residents beginning 5/15/12 and completed on 5/22/12. This REQUIREMENT is not met as evidenced Those residents needing restraints Based on review of the facility policy, medical an Informed Consent for restraints record review, observation, and interview, the was obtained from the resident or facility failed to complete a restraint assessment his/her POA beginning 5/15/12 and for twelve residents (#1, #2, #4, #10, #12, #14, completed on 5/29/12. If no #16, #17, #18, #19, #22, #26) and failed to obtain a physician's order for the use of restraints for physician order was on chart then four (#17, #14, #2, #4) residents of twenty-seven the physician was informed and residents reviewed. requested to sign the restraint order. The DON or RN BSN conducted an The findings included: in-service with all RNs and LPNs Review of the facility policy, "Restraint Use", on use of restraints - a pre-restraint revealed "...If evaluation shows the need for assessment and an Informed physical restraint the physician will be notified for Consent Signed by the resident, direction/order...with use of any restraint the their family, or POA prior to placing resident must be observed q (every) 30 minutes and position changed (at) least q 2 hours...Before a restraint unless it is an emergency. any restraint orders are obtained, the following This was done on 5/28/12 & steps must be completed and the need deemed 5/29/12. The policy "Use of necessary. A restraint assessment, including Restraints" was provided to each alternatives must be completed ... ' RN & LPN on 6/1/12 to reinforce Resident #17 was admitted to the facility on the in-services conducted on the January 20, 2009, with diagnoses including above dates. Any RN, LPN who Depressive Disorder, Severe Mental Retardation. have not attended the above inand Convulsions. service cannot work until they have Medical record review of the Minimum Data Set attended an in-service on Use of (MDS) dated April 5, 2012, revealed the resident had severe impairment in cognitive skills. Restraints. Medical record review of a Nursing Progress Note The MDS Coordinator reviewed and dated January 5, 2012, revealed "...MDS/Care revised the above residents care plan Plan Quarterly Assessment

Facility ID: TN7201

2012-06-07 15:37	DC0547PM13501 ALIH AND HUMAN SERVICES	86	552125642 >>	PRINTE	P 15 D: 06/07/2011 APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	OMB NO (X3) DATE COMPI	). 0938-0391 SURVEY
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NAME OF PROVIDER OR SUPP LAURELBROOK SANITA			REET ADDRESS, CITY, SYATE, 114 CAMPUS DRIVE DAYTON, TN 37321		05/2012
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restraints fors Reevaluated for restraint. Will or 2"  Medical record 2012, revealed  Medical record 4, 2012, revealed use of bil (bilate for restraints Q Medical record dated April 4, 20 risk for falls.  Review of the fa 2011, revealed bed (and) climber (and) foot of bed (and) foot of bed (and) foot of bed (and) foot of bed lion. No injuries time of incident, positionBed all Observation on revealed the respedded side rails Interview on May Director of Nursi confirmed no phror the side rails completed for the Resident #22 was	In page 11 Intinues to require the use of safety (and) well-being. In the least restrictive type of ontinue with side rails up in bed x review of the MDS dated April 5, no side rail used as a restraint.  In review of the care plan dated April 6d "Restraint; (resident) requires rail) side rails upreassess need (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Fall Risk Evaluation (every) 3 months"  In review of the Sall Risk Evaluation (every) 3 months"  In review of the MDS at resident (every) 3 months"  In review of the Sall Risk Evaluation (every) 4 months	{F 221}	These changes were to the RNs, LPNs at memo and inservice begun on 5/16/12 at 5/31/12.  On 5/29/12 the polithe following assess Rail, Braden, Hydra Bladder, Elopement AIMs if on psychoa—was implemented the assessment had conducted then the adone. This was con 6/1/12 by licensed s Admission Checklis and approved by QA 5/29/12 to be used admitted residents the assessments were conducted by Coordinator or designation. Quarter will be conducted by Coordinator or designation.	nterventions. communicated and CNAs per es. This was and completed on licy for obtaining sments – Side ation, Bowel & c., Fall, Skin and active medication 5/29/12 and if not been assessment was appleted on staff. An est was developed A Committee on for newly o ensure conducted on ly assessment y the MDS gnee.  bit #77  29/12 all other essment for side	

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	2012, revealed the impaired cognitive as a restraint.  Observation on Marevealed the reside bilateral full side ra Interview on May 1 the DON, in the from assessment for the completed.  Resident #2 was as October 10, 2010, was assessment for the completed.  Resident #2 was as October 10, 2010, was assessment for the completed.  Medical record revided the form of the complete for any type of physical record review reveals for any type of physical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record review medical record revie	Depression.  iew of the MDS dated April 19, resident had moderately skills and bed rails used daily skills and bed rails used daily stills and bed rails used daily stills and bed rails used daily stills and bed rails used daily stills in the raised position.  5, 2012, at 12:00 noon, with not lobby, confirmed no use of the side rails had been with diagnoses including Alzheimer's Disease, and sew of the MDS assessment still, revealed the resident was impaired, had a history of sired limited staff assistance of Daily Living). Continued at the resident was not coded cal restraint.	{F 221}	resident needing a restrain. Informed Consent for rest obtained from the resident POA beginning 5/15/12 at completed on 5/29/12. If physician order was on che the physician was informed requested to sign the restration of the physician was informed requested to sign the restration of the physician was informed requested to sign the restration of the physician was informed requested to sign the restration of the physician was informed requested to sign the restration of the physician was informed requested to sign the restrain of the physician was informed requested to sign the restrain of the physician was informed region of the physician was informed requested to sign the restraint will be serviced quarterly for the remonths beginning June 1st. Policy will be part of orient new employees beginning. The DON or designee will use of restraint weekly therefor possible elimination or residents. This was begun 5/15/12 and will continue was for 6 weeks then as needed compliance has been achieved.	raint was or his/her ad no art then d and int order.  will mentation policy in- text 6 This tation of 6/1/12. monitor n monthly need for on weekly to ensure wed.	
	dated February 21, 2 entry dated August 1 added to the base of assistive device for a review revealed an enstructed side rails	2012, revealed a care plan 19, 2011, for weights to be if the merry-walker( an ambulation). Continued CP entry dated January 21, 2012, to be up bilaterally when in eview revealed a care plan		4) The DON will report the outcomes to the next quarted QAPI Committee and ultim Administrator will report to Board quarterly.	erly nately the	

2012-06-07 15:37 DC0547 DEPARTMENT OF HEALTH AND HUMA CENTERS FOR MEDICARE & MEDICAIL	N SERVICES	3652125642 >> 42377	56346 P 17/118 FKINTED: USUU/1201 FORM APPROVE
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(F 221) Continued From page 13  update dated January 30, 2012, to to the merry-walker.  Medical record review of a Nurse's resident #1) dated September 13, "(res #2) tried to climb over bed in back in the bed" No investigation interventions were documented. Re Nurse's Notes do not include notation resident attempting to exit the bed rail.  Observation of Resident #2 in the norm, on May 7, 2012, at 10:00 a.m. the resident lying on the bed, with further bilaterally.  Observation on May 7, 2012, at 2:30 revealed the resident ambulating the facility with a merry-walker. The resident secured around the walst in merry-walker, and the merry-walker at the base to prevent the resident for the device over. The resident could merry-walker independently when proposed the resident in the facility "careclined geri-chair with lap top tray across the lap. The resident was resattempting to exit the chair by leaning the later with the poly, at the time of observation, confirmed the recliner is	s Note (for 2011, revealed railsassisted on or new esident #2's ion of the over the side resident's not revealed ull side-rails up 0 p.m., revealed ull side-rails up 0 p.m., roughout the sident had a note in the had weights rom tipping confused and do not exit the rompted.  is p.m., sircle area," in secured sitess and g to the right.	1) A Staff RN was assigned obtain a physician order on the above residents by 5/29/12. The residents were also assessed continued need for a restraint there was no Informed Conserestraint then a consent was obtained from the resident of POA beginning 5/15/12 and completed on 5/29/12. The or RN BSN conducted an inwith all RNs and LPNs on us restraints - a pre-restraint assessment and an Informed Consent Signed by the resident their family, or POA prior to a restraint & order from Phys. This was done on 5/15/12, 5/28/12, & 5/29/12. The polic of Restraints" was provided the in-services conducted on the in-services conducted on the inservices conducted on the inservice cannot work until they attended an in-service on Use Restraints.	to he Those for t. If ent for  his/her  DON service e of  nt, placing ician. 24/12, ry "Use o each orce he who n- have of
with the tray table across the resident the resident from rising independently merry-walker and the seatbelt for the	t to prevent y, the	The MDS Coordinator review revised the above residents car and MDS Assessment for need	re plan

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up position further cornot been for assessmentable, their and the best Resident #2, 2008, will Depression Medical reconstruction 2:00 p.m., resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and the resident war and	ker, as well as the ban, are all physical restimmed the facility's collowed, the compress of the related to the germerry-walker with sea did side rails.  4 was admitted to the diagnoses included, and Weakness.  cord review of the rest dated February 9, disevere cognitive as ambulatory with the identification of the resident on evealed the resider a walker and Physiand by assistance.  To of the resident on evealed the resider is up, in the mid because of the bed against the bed.  To the resident on revealed the resider as up, in the mid because of the resident on revealed the resider the bed.  To the resident on revealed the resider the bed.  To the resident on revealed the resider the bed.  To the resident on revealed the resider the resider as ide rail on the rig position. The left swall.	straints. The DON restraint policy had behensive there was no pre-restraint i-chair with tray eatbelt and weights, he facility on June ing Schizophrenia, esident's MDS 2012, revealed the deficits, the he use of a walker, ained.  May 8, 2012, at ht ambulating in the sical Therapy  May 9, 2012, at to tlying on the bed, ainst the wall and diposition, on the ht side of the bed was		changes or needed intervention. These changes were communito the RNs, LPNs and CNAs memo on 5/29/12.  2) On 5/15/12 to 5/29/12 all residents were assessment for restraints, side rails and other devices by the assigned Staff Any resident needing a restraint obtained from the resident or POA beginning 5/15/12 and completed on 5/29/12. If no physician order was on chart the physician was informed as requested to sign the restraint. The MDS Coordinator reviet all other resident care plans as MDS Assessments for any nechanges or needed intervention. These changes were communito the RNs, LPNs and CNAs prometo on 5/29/12.  3) The DON or designee will monitor residents daily for appropriate care and documen beginning 5/29/12. This policing use of Restraints will be in-	other r use of RN. int, an nt was his/her then nd order. wed nd eded ons. icated per	
¹ Interview wit	th the DON, on May	/ 15, 2012, at		serviced quarterly for the next	6	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X4) ID  STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321  (X4) ID  PREFIX  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC DENTIFYING INSORMATION)  (X5) MULTIPLE CONSTRUCTION  (X2) MULTIPLE CONSTRUCTION  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X4) ID  PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED  (X4) ID  PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED	ا ک	CENTERS	NI OF HEALTH A	DC0547PM13501 ND HUMAN SERVICES MEDICAID SERVICES	8	652125642 >> 42	FORM	P 19/118 U: Ub/U//201 M APPROVE
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(AU) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED by FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  {F 221}: Continued From page 15 11:25 a.m., at the nurse's station, confirmed the side rail on the right side of the bed is a restraint when in the up position, the left side of the bed was against the wall. The DON further confirmed the facility's restraint policy had not been followed, the comprehensive assessment was inaccurate, there was no physician's order, consent, or pre-restraint assessment related to the side rail.  Resident #10 was admitted to the facility on June 23, 2008, with diagnoses including Schizophrenia, Dementia with Behaviors, and Mental Retardation.  Medical record review of the resident's MDS assessment dated February 9, 2012, revealed the resident required extensive staff assistance with all ADLs (Activities of Daily Living). The MDS included side rails and a chair to prevent rising coded as retraints.  Medical record review of the Care Plan dated February 21, 2012, revealed the resident was care planned for restraints, with the intervention of placing a tray table across the resident when seated in the geri-chair. The care plan was not	N/	ME OF PROVI	DER OR SUPPLIER	- Parkers		DEST ADDRESS AND STATE TO A	06/0	05/2012
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11:25 a.m., at the nurse's station, confirmed the side rail on the right side of the bed is a restraint when in the up position, the left side of the bed was against the wall. The DON further confirmed the facility's restraint policy had not been followed, the comprehensive assessment was inaccurate, there was no physician's order, consent, or pre-restraint assessment related to the side rail.  Resident #10 was admitted to the facility on June 23, 2008, with diagnoses including Schizophrenia, Dementia with Behaviors, and Mental Retardation.  Medical record review of the resident's MDS assessment dated February 9, 2012, revealed the resident required extensive staff assistance with all ADLs (Activities of Daily Living). The MDS included side rails and a chair to prevent rising coded as retraints.  Medical record review of a Physician's Telephone Order dated February 26, 2012, revealed "side rails X 2 (bilaterally) per family request for safety."  Medical record review of the Care Plan dated February 21, 2012, revealed the resident was care planned for restraints, with the intervention of placing a tray table across the resident when seated in the geri-chair. The care plan was not		REFIX	(EACH DEFICIENCY MU	ST BE PRECEDED BY CITY	PREFIX	CROSS-REFERENCED TO THE	SHOULD BE	COMPLETION DATE
Observation of the resident on May 9, 2012, at 7;35 a.m., revealed the resident in the room seated in geri-chair with the tray table across the resident. The resident was confused and	{F	side whe was the follo inac consthe serior residuals AL include coded Medic Order rails > Medic Febru care pof place seated update Obser 7:35 a seated	25 a.m., at the nurse rail on the right side in the up position, against the wall. The facility's restraint powed, the comprehencurate, there was not sent, or pre-restraint side rail.  Ident #10 was admit 1008, with diagnose to phrenia, Demential Retardation.  Cal record review of assent dated February 26 (Activities of Dated side rails and a dias retraints.  Cal record review of dated February 26 (2 (bilaterally) per final record review of any 21, 2012, reveal alanned for restraints of the geri-chair. The diagram of the resident, revealed the relating at ray table across the diagram of the resident, revealed the relating geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with the geri-chair with	e's station, confirmed the e of the bed is a restraint the left side of the bed he DON further confirmed licy had not been nsive assessment was o physician's order, assessment related to ted to the facility on June including a with Behaviors, and with Behaviors, and the resident's MDS lary 9, 2012, revealed the native deficits, and the ve staff assistance with lity Living). The MDS chair to prevent rising a Physician's Telephone amily request for safety."  The Care Plan dated led the resident was so, with the intervention loss the resident when the care plan was not the rails.  Int on May 9, 2012, at sident in the room the tray table across the	{F 221}	policy will be part of orinew employees beginning.  Exhibit #  The DON or designee we use of restraint weekly the for possible elimination restraints. This was beging 5/15/12 and will continute for 6 weeks then as need compliance has been ach will report outcomes to the next quate QAPI Committee and ulta Administrator will report Board quarterly. The next QAPI Committee meeting the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of	rill monitor then monthly or need for un on the weekly led to ensure nieved.  the arterly timately the to the ct scheduled;	

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NAME OF F	PROVIDER OR SUPPLIER		Tere	REET ADDRESS, CITY, STATE,	700 000	06/	05/2012
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TELEGREPH EJED SOLDS MEON	Observation of the 10:00 a.m. revealed seated in the gericithe resident, the resident, the resident of the resident of the resident of the resident of the resident with the period of the resident with the period of the resident with the period of the resident with the period of the resident with the period of the resident was restraint acidity's restraint polypore-restraint assession of the resident #14 was resident #14 was resident #14 was resident #14 was resident #14 was resident #15 polypore of the record review at the record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at the resident record review at	The resident was unable to exit mpted.  resident on May 9, 2012, at a the resident in the room, hair with the tray table across sident was agitated and ently.  resident on May 14, 2012, at the resident in the "circle area the tray table across the as confused and mumbling to DN, on May 14, 2012, at 2:25 station, confirmed the ned by the tray table and the icy had not been followed, ian's Order, consent, or ment.  -admitted to the facility on the diagnoses including Dementia with Behavior Stenosis.  w of the MDS assessment 12, revealed the resident deficits, was chair or bed bry with the use of a	{F 221}				

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May 9, 2012 at 1:00 a reclined geri-chair the body.  Observation of the registry of the poly.  Observation of the registry of the geri-chair. For confused, and was used independently.  Interview with the DC observation, confirmed the chair prevents the independently. The Experimental facility's restraint policity of the comprehensive at there was no physicial pre-restraint assessments or restraint assessments or restraint assessments or restraint documented since 20.  Resident #19 was admonstrated the previous medical record review (MDS), dated March 3, resident was moderate required extensive assessments of the previous daily living, toileting and Medical record review (MDS), dated March 3, resident was moderate required extensive asses daily living, toileting and Medical record review (Medical record review of Medical record review	esident in the "circle area" on p.m., revealed the resident in with pillows to each side of esident on May 14, 2012, at the resident in the room in a desident was anxious and nable to exit the chair  N, at the time of the ed the recliner is a restraint if eresident from rising DON further confirmed the exit the confirmed the exit that the resident from rising DON further confirmed the exit that the resident from rising DON further confirmed the exit that not been followed, assessment was inaccurate, or entrelated to the geri-chair, evealed no restraint exit reduction attempts were 10.  Initted to the facility on a diagnoses including 2, Chronic Catatonia, our Thrombosis.  Of the Minimum Data Set 2012, revealed the ly impaired cognition and istance with activities of the bathing.	{F 221}			

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	ntinued From page es while resident is		{F 221}			
a.m	., revealed no pre-	on May 14, 2012, at 11:30 restraint assessment, no r Physician's Order for the				
the	servation on May 14 resident's room, re bed with the use of	4, 2012, at 10:00 a.m., in vealed the resident lying in two full side rails.				
May cont pre- and was	15, 2012, at 8:15 a firmed the facility di restraint assessme two side ralls were	nt or side rail assessment, in use when the resident facility did not obtain a				
28, 2 Hype Vasc	2003, with diagnose extension, Macular i	Degeneration, Cerebral ile Dementia, Chronic				
2012	, revealed the residence irrent of cognitive	of the MDS, dated April 26, dent had moderate skills and highly impaired				
' Janu		f the Care Plan, dated aled "bilateral side rails				
reside		2012, at 1:35 p.m., in the d the resident lying in the up and in use.				

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	May 15, 2012, at 2: confirmed the facility assessment, two sloresident was in the I obtain a physician's Resident #1 was add 2008, with diagnose Mood Disorder, Seiz Disorder.  Medical record review 15, 2012, revealed the fifteen on the Brief In (BIMS) with intact compairment and restructions and restructions, no led rails"  Medical record review arch 15, 2012, revealed Instructions, no led rails"  Medical record review care Instructions, no led rails"  Medical record review consent for use of the re-restraint or side of the record review or the facility evealed "If evaluate thysical restraint the irrection/orderwith resident must be obs	rectored for process of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	or of Nursing (DON), on m., in the DON office, not perform a side rail lis were in use when the and the facility failed to r for the side rails.  It to the facility on July 8, luding Quadriplegia, Disorder, and Bipolar  The MDS dated March sident scored fifteen of ew for Mental Status we skills, no memory were not used.  The Care Plan dated inSR (side rails) up in OOB (out of bed)"  The Resident Plan of the revealed inrestraint 2 in the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the	{F 2:	21}			

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			44E200	B. WINC		- )	R
NAME O	F PROVIDER OR S	SUPPLIER	1		TREET ADDRESS, CITY, STATE, ZI	IP CODE	06/05/2012
ļ	ELBROOK SAN				114 CAMPUS DRIVE DAYTON, TN 37321	8 10 10 10 10 10 10 10 10 10 10 10 10 10	
(X4) IC PREFI TAG	X! (EACH D	EFICIENCY Mt.	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED YO DEFICIENT	TION SHOULD BE THE APPROPRIAT	COMPLETION DATE
{F 221	Continued Dementia, Psychosis, Disorder.	Osteoarthrit	22 iis, Osteoporosis, dism, and Depressive	{F 221	)		
	term memo	aled the resi ry problems with ambula	of the MDS dated March 1 dent had short and long s, required extensive ation and activities of daily nts daily.	3			
	Medical recording reviewed on up times 2	March 1, 2	of a Care Plan last 012, revealed "side rails				
	no signed co and no pre-r assessment	onsent for the estraint ass Further m	evealed the resident had ne use of the restraints essment and no side rail edical record review order for the use of side				
	Medical reco dated Augus crawled betw railobserve	t 10, 2011, i een foot bo					
	May 15, 2012 room, revealed	2, at 2:11 p.i ed the resid	, 2012, at 1:00 p.m. and m., in the resident's ent lying in bed with full in the up position	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	C/O #27265 483.13(b), 48 ABUSE/INVO	3.13(c)(1)(i)	FREE FROM	(F 223)			
:			t to be free from verbal, ntal abuse, corporal				

CEN	TER	S FOR MEDICARI	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES	·	8652125642 >>	FO	P 26/118 RM APPROVE IO. 0938-039
AND PL	AN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LIDING	(X3) DAT	É SURVEY PLETED
			44E200	B. Wil	NG	- 0	R 5/05/2012
LAUR	ELBF	ROOK SANITARIUM			STREET ADDRESS, CITY, STATE, 2 114 CAMPUS DRIVE DAYTON, TN 37321		700/ZU1Z
PREF	IX !	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AN CROSS-REFERENCED TO DEFICIEN	OTION SHOULD BE THE APPROPRIATE	COMPLETION DATE
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	483. ABL The		)(i) FREE FROM	(F 223)	F223 483.13(b), 483. Free From Abuse / I Seclusion		6/6/12

2012-06-07 15:39 DC0547PM13501

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CIMILITIES.	MINITERIE
FORM.	APPROVED
OMB NO	0020 0201

NAME OF PROVIDER OR SUPPLIER  LAURELBROOK SANITARIUM  STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321		F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) M A. BUI B. WIN	LDING	PLE CONSTRUCTION 3	(X3) DATE SU COMPLET	red
PAGE PRINT BY ALL OF AGGRESTICAL CO.					11	14 CAMPUS DRIVE		
(X4) ID : SUMMARY STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF	PREFIX	YEACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		CROSS-REFERENCED TO THE APPRI	JLO BE	(X5) COMPLETION DATE
(F 223) Continued From page 23 punishment, and involuntary seclusion.  The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.  This REQUIREMENT is not met as evidenced by: Based on medical record review, review of staff written statements, review of facility policy, observation, and interview, the facility failed to protect four (#1, #2, #3, #11) residents from abuse of twenty-seven residents from abuse placed resident #1, #2, in Immediate Jeopardy. (Immediate Jeopardy is a situation in which the provider's noncompliance with one or more requirements of participation, has caused or is likely to cause, serious harm, injury, impairment or death).  The facility provided a Credible Allegation of Compliance on May 30, 2012, a rewisit conducted on June 4 - June 5, 2012, revealed the corrective actions implemented on May 30, 2012, removed the Immediate Jeopardy.  Non-compliance for F-223 continues at an "E" level citation (potential for more than minimal harm).  The findings included:  Validation of the Credible Allegation of Compliance was accomplished through medical record review, observation, facility policy review, and interviews with residents and facility staff, including administrative staff.	The by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by B. wro by	compliance of the facility provided to a place of twenty-sea acility's failure to protect four (#1, #2) acility's failure to protect four (#1, #2) acility's failure to protect four (#1, #2) acility's failure to protect four (#1, #2) acility's failure to protect four (#1, #2) acility's failure to protect four (#1, #2) acility's failure to protect placed residence of the provider more requirements is likely to cause, sor death).  The facility provided compliance on Maccompliance on Maccompliance for evel citation (potenarm).  The findings including the Compliance was a record review, observed interviews with the proviews with the provided compliance was a record review, observed the protective with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the proviews with the prov	voluntary seclusion.  In the use verbal, mental, sexual, corporal punishment, or on.  In is not met as evidenced record review, review of staff review of facility policy, terview, the facility failed to 1, #3, #11) residents from ven residents reviewed. The rotect the residents from ent #1, #2, in Immediate late Jeopardy is a situation in soncompliance with one or of participation, has caused or erious harm, injury, impairment did a Credible Allegation of y 30, 2012. A revisit 4 - June 5, 2012, revealed the mplemented on May 30, 2012, and the Jeopardy. In F-223 continues at an "E" initial for more than minimal led:  Ited:  Iredible Allegation of complished through medical ervation, facility policy review, in residents and facility staff, in residents and facility staff,	{F 2	23}	facility's failure to protect refrom abuse the following war place:  Resident #1 - Changed resident #2 Deleted the approaches for higher disruptive behavior that allow resident to be placed in room door closed with wheelchair disengaged, power cord remission chair 2. Changed resident 10:30 p.m. bedtime to allow determine his own bed time. residents are permitted to go at their choice of time effect 05/16/2012 by MDS Coordin Exhibit #1  On 05/16/2012 the changes resident #1's Care Plan was verbally communicated to the nursing staff working on the -2 p.m., 2 - 10 p.m., and 10 6 a.m. shifts by the DON & Coordinator and all subseques shifts until the written revise plan was completed later on	ident's ident's ill2: 1. is wed in with oved ent's him to All to bed ive nator.  to s e 6 a.m. o p.m. — MDS ent ed care	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	RS FOR MEDICAR	E & MEDICAID SERVICES		6420	OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
i i		44E200	B. WING		06/05/2012
	ROVIDER OR SUPPLIER BROOK SANITARIU			REET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321	0010032012
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	plan was revised to seclusion and eliminate facility provide reviews to ensure interventions and factermine their ow the facility provide assessed for signs abuse, and behavioral diagnos. The Medical Direct psychoactive medical psychoactive medical provider consulted from the facility provide provider consulted of impaired cognition mental illness.  Licensed Practical Director of Nursing Counseling, The Discensed Practical Nursing.  The facility provided the facility provided and provided and supplicated to policies and clude reporting armmediately); Residuate of the Resided Management; Behavior and supplicated to the Resided Management; Behavior and supplicated to the Resided Management; Behavior and supplicated to the Resided Management; Behavior and Supplicated to the Resided Management; Behavior and Supplicated to the Resided Management; Behavior and Supplicated to the Resided Management; Behavior and Supplicated to the Resided Management; Behavior and Supplicated to the Resided Management; Behavior and Supplicated to the Resided Management; Behavior and Supplicated to the Resided Management; Behavior and Supplicated to the Resided Management; Behavior and Supplicated to the Resided Management; Behavior and Supplicated to the Resided Management; Behavior and Supplicated to the Resided Management; Behavior and Supplicated to the Resided Management and Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided to the Resided t	ed evidence Resident #1's care of eliminate involuntary inate the 10:30 p.m., bedtime. Independent of care plan appropriate behavioral Residents were allowed to a bedtime.  Independent of care plan appropriate behavioral Residents were allowed to a bedtime.  Independent of care plan appropriate behavioral Residents were of abuse, complaints of oral needs.  Independent of care plan appropriate behavioral Residents with eations and Residents with eations and Residents with a history on, behavioral episodes, and/or on the care of Nursing did report Nurse #3 resigned before the implemented an individual rector of Nursing did report Nurse #3 to the Board of the evidence of in-services and procedures for Abuse (to and investigating abuse tent Rights; Safety (to include the envision); Fall Investigation; and Social Services	{F 223}	On 05/16/2012, the Administ conducted a late investigation regarding resident # 1's allegthat employee's husband blothim in his room and touched arm.  -5/27/12-Inservice given by Administrator to employees' spouse.  -Witness statement was adde abuse investigation form. A cone in-service was given to the employee's spouse by the Administrator on 5/17/12.  -Employee's spouse attended service on abuse and neglect 5/27/12.  -On 5/29/12, the DON invest an allegation of abuse, using new forms approved on 5/27/ including witness statements documented interviews.  Exhibit # 35  On 05/16/2012 the Administr conducted a late investigation regarding resident #1's allega an employee's spouse making threatening remarks to him.	n gation cked his d to the one on he lan inon igated the 12, and lator attor attor of

	OF CORRECTION	IDENTIFICATION NUMBER	D.   '		MULTIPLE ONSTRUCTION BUILDING	(X3) DATE	SURVEY PLETED
		44E200			WING	004	R
NAME OF P	ROVIDER OR SUPPLI	ER		S	TREET ADDRESS, CITY, STATE, ZIP CO		05/2012
	OOK SANITARIUM				114 CAMPUS DRIVE DAYTON, TN 37321		
(X4) ID PREFIX TAG	SUMMARY STAT	EMENT OF DEFFICIENCIES	ID PREF TAG		PROVIDERS PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
			F 22	3	Employee no longer emploinvestigation revised and a statement added.		
					Exhibit #3-re	evised	
					On 5/27/12, DON complete allegation of abuse utilizing process for complaint invest which included verbal and vemployee and resident state	the new tigations written	
					Exhibit #35		
					On 05/19/2012, the Administration regarding the housekeeping supervisor's comment about resident # 1 looking in a mir seeing a monkey. Correctiv was noted on the investigation one in-service to Housek Supervisor 5/19/2012 by the Administrator.	ror and e action on. One eeping	
					Exhibit # 4		
					The Abuse Investigation Pol Restraint Management Polic reviewed and revised by the and Health Care Consultant 05/28/2012 and these policie	y was DON on	
ABORATORY DIRE	ECTOR'S OR PROVIDER/SU	PPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(2) MULTIPLE ONSTRUCTION		SURVEY PLETED
		44E200		A. BUILDING		
MANE OF DE					06/	R 05/2012
	OOK SANITARIUM			STREET ADDRESS, CITY, STATE, 114 CAMPUS DRIVE DAYTON, TN 37321	ZIP CODE	
(X4) ID PREFIX TAG	SUMMARY STAT	EMENT OF DEFFICIENCIES	ID PREF TAG	PROVIDERS PLAN OF CO	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
			F 22		a Care ON, dical Director nation of the ting abuse, and of using vestigation  n. 5/27/12- ON's, CNA's, Social ctivities Office Staff, Assists by n. 5/27/12- endance will in-services will oversee o QA/PI.	
ABORATORY DIRE	CTOR'S OR PROVIDER/SUP	PPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

STATEMENT OF DEFICIENCY AND PLAN OF CORRECTION	ES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB	IDENTIFICATION NUMBER.		ULTIPLE ONSTRUCTION (X3) DATE			
AND PLAN OF CORRECTION	IDENTIFICATION NOWB	IDENTIFICATION NOMBER:		A. BUILDING		COMPLETED	
	44E200	E	B. WING		R 06/05/2012		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
LAURELBROOK SANITARIUM				114 CAMPUS DRIVE DAYTON, TN 37321			
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ABODATORY ORECTOR'S OR RECOVE	R/SUPPLIER REPRESENTATIVE'S SIGNATU	F 2:	23	05/27/2012 and the QA comon 05/27/2012. All residents admitted with a of impaired cognition proble behavior, or mental illness was a consultation with a Geriop practitioner. This was addressed Behavior Assess Monitoring policy. This policy reviewed & approved by the Medical Director and QA committee on 05/27/2012. Inservices conducted on 5/2/5/30/12 to all RN's, LPN's, Housekeeping, Dietary, Social Worker, Maintance, Activitic Director, Laundry, PT, Offic Administrator, Feeding Assi DON and RN/BSN from 5/2/5/30/12. Staff not in attendar no be able to work until inseare complete. DON/RN will inservices and report to QA/1/2012. Exhibit # 6 All residents admitted to the will have a Social Services Assessment / History accordination on 05/17/2012.	a history ematic vill have sych essed in ment & cy was  7/12-CNA's, all es es Estaff, sts by 7/12-nce will rvices oversee PI.  facility ing to evices	(X6) DATE	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER	s.   `		MULTIPLE ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		44E200	В.		WING	06/	R 05/2012
NAME OF PE	ROVIDER OR SUPPLI	ER		S	TREET ADDRESS, CITY, STATE, ZIP CO	DDE	00/2012
LAURELBRO	OOK SANITARIUM				114 CAMPUS DRIVE DAYTON, TN 37321		
(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFFICIENCIES	ID	.157	PROVIDERS PLAN OF CORRECT	CTION	(X5)
TAG			PREF TAG		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE	COMPLETION DATE
			F 22	:3	on one inservice was condu with current Social Service Coordinator on 5/17/12 by the administrator.  Exhibit # 7  Resident # 11  On 05/16/12 the DON began process for counseling LPN concerning her approach to #11 for inappropriate nursin actions related to cleaning unfrom floor. Employee resign 17, 2012 before actual counsewas done. This incident was reported to the Board of Nur DON on 05/29/2012.  Exhibit # 8  2) The DON reviewed the deficiencies stated in the 256 identify in-services needed a address each tag cited. In-service were conducted 5/15, 5/24, 5	n the #3 Resident g p feces ned May seling sing by	
					5/28 and 5/29 on –Abuse Investigations, Residents Rig Restraints, Safety, Fall	ghts,	
					Investigation, Care of resider Seizures, and Behavior	nts with	
ABORATORY DIRE	CTOR'S OR PROVIDER/SU	PLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBE	D.	X2) MULTIPLE ONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED		
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NAME OF PE	ROVIDER OR SUPPLI	ER		ST	REET ADDRESS, CITY, STATE, ZIP	CODE 06	/05/2012	
	OOK SANITARIUM				114 CAMPUS DRIVE DAYTON, TN 37321			
(X4) ID PREFIX TAG	SUMMARY STATI	EMENT OF DEFFICIENCIES	ID PREF TAG		PROVIDERS PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
			F 22	3	Management. Inservices of 5/27/1-5/30/2012 to all RI LPN's, CNA's, Housekee Dietary, Social Worker, Mactivities Director, Laund Office Staff, Administrated Assists by DON and RN/I 5/27/12-5/30/12. Staff not attendance will no be able until inservices are comple DON/RN will oversee instand report to QA/PI.  The following policies or procedures have been charaddress this deficiency praduction and Restraints and Restraints and Restraints and Quarterly and Quarterly Abuse Investigation Resident Rights Guidelines nursing procedures Inservices conducted to RN CNA's, Housekeeping, Die Social Worker, Maintance, Activities Director, Laundr Office Staff, Administrator Assists by DON and RN/B 5/27/12-5/30/12. Staff not it attendance will no be able in the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staf	N's, Pping, Maintance, Mry, PT, Por, Feeding BSN from In to work Petere ervices  Indicate to continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all Indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicate to the continuous for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicates for all indicate		
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	OK SANITARIUM				114 CAMPUS DRIVE DAYTON, TN 37321			
(X4) ID PREFIX TAG	SUMMARY STAT	EMENT OF DEFFICIENCIES	ID PREF TAG	IX	PROVIDERS PLAN OF COR	SHOULD BE	(X5) COMPLETION DATE	
			F 22	!!3	until inservices are comp DON/RN will oversee in and report to QA/PI.  Exhibit #  Teachable moments/in-so were conducted by DON and 5/25/12 -Resident Rights and Dig -Restraints i.e.: Seclusion -Abuse/Seclusion for Re -Accident and Supervisio -Behavior Management Inservices conducted on 5/30/12 to all RN's, LPN Housekeeping, Dietary, S Worker, Maintance, Activ Director, Laundry, PT, O: Administrator, Feeding A DON and RN/BSN from 5/30/12. Staff not in attennot be able to work until i are complete. DON/RN winservices and report to Q  Exhibit # 1  On 5/27/12 The Medical I evaluated and assessed all	services  10  ervices on 5/24  nity sident #1 n  5/27/12- 's, CNA's, ocial vities effice Staff, ssists by 5/27/12- dance will nservices rill oversee A/PI.  1  Director residents		
					with psychoactive medica residents with behavior di			
ABORATORY DIRE	CTOR'S OR PROVIDER/SUR	PPLIER REPRESENTATIVE'S SIGNATURE		5110	TITLE		(X6) DATE	

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	Ta	OMB			O. 0938-039
	F CORRECTION	IDENTIFICATION NUMBER:	000	(2) MULTIPLE ONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLI	ER			REET ADDRESS, CITY, STATE, ZIP CO	DE DE	20/2012
	OOK SANITARIUM				114 CAMPUS DRIVE DAYTON, TN 37321		
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		F	F 223 The evaluation was also documented in the Medica on 5/27/12.		documented in the Medical	Record	
					ADON/DON/MDS Coordinassessed all other residents for abuse, complaints of abuse any behaviors needing a consultation of the physician Geriopsych Consultant. This assessment began on 5/15/20 completed on 5/27/12.	or signs e, and or	
					All residents care plans were reviewed by MDS Coordinat appropriate behavior interver. This process began on 5/15/2 completed on 5/29/12.	or for ations.	
					3) The DON or designee will monitor all behaviors weekly ensure residents care is managappropriately. A weekly behat template was added to Electro Medical Record System to call Behavior assessment for each resident on 6/1/12.	to ged vior onic pture	
EODATODY DISC	CTORS OF TRAVELLE		deline (f.		Exhibit # 68		
JORATORY DIREC	LIUR'S UR PROVIDER/SUP	PLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBE	R·	(X2) MULTIPLE ONSTRUCTION (X3) [			ESURVEY
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		44E200		B. V	VING		R (05/2012
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	OK SANITARIUM				114 CAMPUS DRIVE DAYTON, TN 37321		
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			F 2	223	A list of residents will be to DON on each visit from Geriopysch Services.  Resident #1 goes to ment monthly.  Restraints will be monitor for four weeks until proceed place and functioning effective and functioning effective 5/15/2012.  The DON/ MDS Coordinate will monitored and logged as a seffective 5/15/2012.  The DON/ MDS Coordinate will monitor all falls. The DON/designee will monitor restraints assessed and orce physician to ensure that all are safe by utilizing the le restrictive measures possil will be monitored for three and reevaluated at that time monitoring needs to continuate approval from the QAPI Country of abuse, including involuntary seclusion. This	al health  red weekly ss is in ciently,  received,  ator/PT  or all lered by I residents ast ble. This e months e if aue with ommittee.  onitor all ence of all	
					begun on 5/29/12 and will	continue	
BORATORY DIREC	TOR'S OR PROVIDER/SUP	PLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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FORM APPROVED

DEPARTMEN	IT OF HEALT	TH AND HUMAN	SERVICES
CENTEDS EC	YO MEDICAE	DE & MEDICAID	SEDVICES

OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING_ 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PRÉFIX TAG DEFICIENCY weekly indefinitely to ensure all (F 223) Continued From page 25 {F 223} abuse has been investigated. Observation of the Residents throughout the 4) The DON will report the follow-up visit revealed no Residents were outcomes of abuse, behavior involuntarily secluded; and there were no management, and restraint observations of Resident altercations. Facility staff provided diversion activities to behavioral monitoring to the quarterly QAPI and wandering Residents. The facility Committee and ultimately the environment was calm with planned activities Administrator will report to the taking place. Board quarterly. The next scheduled Interviews with Resident#1 and a random QAPI Committee meeting is Resident confirmed they have not been scheduled 6/20/12. involuntarily secluded and can go to bed at the time of their choice. Interviews with random facility staff during the revisit confirmed they had received in-services related to Abuse, Restraint Management, and Behavioral Management; and how to report and investigate allegations of Resident abuse; and how to care for the Resident who displayed aggressive or inappropriate behaviors and to report these behavioral incidents. The facility will remain out of compliance at an "E" level until it provides an acceptable Plan of Correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee. {F 226} 483.13(c) DEVELOP/IMPLMENT (F 226) SS=F ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

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			AND HUMAN SERVICES			FOR	M APPROVI	EI
CENT	ERS FOR ME		& MEDICAID SERVICES		450000000000000000000000000000000000000	OMB N	O. 0938-03	9
	NT OF DEFICIEN OF CORRECTIO	CIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI	ULTIPLE CONSTRUCTION LDING	(X3) DATE	DATE SURVEY COMPLETED	
	1.1		44E200	B. WIN	·G	06	R /05/2012	
NAME OF	PROVIDER OR S	UPPLIER		4037	STREET ADDRESS, CITY, STATE, ZIP CO		IOWAD IZ	-
LAURE	LBROOK SAM	NTARIUM			114 CAMPUS DRIVE DAYTON, TN 37321			
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{F 223	Continued	From pag	e 25	{F 22	23)			
	follow-up vi involuntarily observation staff provide and wander environmentaking place. Interviews was revisit confirmed to All Behavioral Minvestigate a how to care	sit revealed sectored diversioning Residut was called the sectored diversion of the sectored diversion of the sectored diversions of the Residual choice.	esidents throughout the ed no Residents were it; and there were no dent altercations. Facility on activities to behavioral ents. The facility in with planned activities ent#1 and a random ney have not been and can go to bed at the mad received in-services traint Management, and ent; and how to report and ent; and how to report and esident who displayed priate behaviors and to al incidents.					
{F 226} SS=F	level until it properties to deficient practice of evaluated by 483,13(c) DE ABUSE/NEO The facility in policies and mistreatment.	provides a provides rectice does easures conthe Quali EVELOP/I GLECT, Enust devel procedure t, neglect,	out of compliance at an "E" n acceptable Plan of nonitoring to ensure the not recur and the facility's ould be reviewed and ty-Assurance Committee. MPLMENT TO POLICIES op and implement written es that prohibit and abuse of residents of resident property.	{F 22€	F226 483.13(c) Develop Implement Abuse/Negle Policies.  1) Resident # 1	o/ ect, etc.	6/6/12	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES			OMB NO. 0938-0391	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
}		44E200	B. WING		R 06/05/2012	
	PROVIDER OR SUPPLIER BROOK SANITARIU	W	ı	TREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321	2000 AV 12	
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	by: Based on medical facility policy, review observation, and in thoroughly investigathree (#1, #16, #11 residents reviewed, registry for six of sin failed to in-service of 2011 and no abuse The facility's failure allegations of abuse #11 in Immediate Je Jeopardy is a situate noncompliance with participation has caserious harm, injury The facility provided Compliance on May conducted on June corrective actions in removed the Immed Non-compliance for level (potential for many the findings include Validation of the Cre Compliance was accrecord review, obseand interviews with administrative staff.	record review, review of the wof personnel files, terview, the facility failed to ate allegations of abuse for presidents of twenty-seven failed to check the abuse of personnel files reviewed, and direct care staff on abuse in in-services currently in 2012. to thoroughly investigate eplaced residents #1, #16, espardy. (Immediate on in which the provider's one or more requirements of used or is likely to cause, impairment or death).  The Credible Allegation of 30, 2012. A revisit 4 - June 5, 2012, revealed the inplemented on May 30, 2012, liate Jeopardy.  F-226 continues at an "F" core than minimal harm).  The dible Allegation of complished through medical evation, facility policy review, acility staff, including		On 5/16/12 the Administrator conducted a late investigation allegation made by resident allegation made by resident at the employee's spouse block in room, touched his arm, and threatened him.  -5/27/12-Inservice given by Administrator to employees' spouse.  -Witness statement was added abuse investigation form. A cone in-service was given to the employee's spouse by the Administrator on 5/17/12.  -Employee's spouse attended service on abuse and neglect of 5/27/12.  -On 5/29/12, the DON investigation of abuse, using the new forms approved on 5/27/including witness statements adocumented interviews.  Exhibit # 2 Exhibit # 35  On 05/16/2012 the Administration conducted an investigation regarding resident #1's allegation an employee's spouse making threatening remarks to him.	n on the # 1 that ed him d  d to the one on ne  an in-on igated the 12, and	

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CENT	ERS	FOR MEDICARE	& MEDICAID SERVICES				FQRI OMB NO	APPROVED 0. 0938-0391			
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	<del></del>			<del></del>		DEFICIENCY)					
(F 226	: Co	ntinued From pag	ne 27	1 150	וספו	-Witness statement was					
			n improved incident reporting	{F 2	201	and added to the exhibit	•				
	pro	cess to capture a	buse incidents, for improved			171.11.14	110				
	trac	king of abuse, a	nd to ensure investigation.			EXIIDIL	#3-revised				
	The	facility provided	evidence allegations of			5/27/12-Inservice given	hv	į l			
	abu	se were investiga	ated according to the revised		j	Administrator to employ					
	Abu	ise Investigation	Policy and Procedure.	1	į	spouse.	ces				
	Lice	nsed Practical N	urse #3 resigned before the	İ		,					
	Dire	ctor of Nursing in	nplemented an individual	!		Exhibit	#2				
	coul	nseling. The Dire	ector of Nursing did report urse #3 to the Board of								
		sing.	urse #3 to the Board of			On 5/16/12, the Adminis	strator				
		· ·				conducted a late investig	gation				
	The	facility provided	evidence of completed			regarding resident #1 all		1			
	facili	ity staff. The fac	ks on all currently employed illity is using a new process		1	another employee's spou		İ			
	to co	induct backgrour	nd checks, to include abuse		į	making threatening rema	irks to him.				
	regis	stry checks, which ty's Office Manag	n is being completed by the			г 1 1	, , ,				
	, iacin	ty a Office Maria	jer.		i	Employee no longer emp	ployed. Late	n k			
			vidence each employee's		İ	investigation revised and statement added.	a witness	1			
	atten	idance for manda	atory in-services, conducted peing documented and			Statement added.	I				
	track		Jeing documented and			Exhibit #	3-revised i				
					į	Damoit ii	J-revised				
ř			evidence of care plan propriate behavioral			Reported to staff allegation	ons of				
			idents were allowed to			another resident having g					
•	deter	mine their own b	edtime.			on July 7, 2011. This was					
:	The f	acility provided e	vidence Residents were			investigated by previous					
1	asses	ssed for signs of	abuse, complaints of			noted in resident's medic					
1	abuse	e, and behavioral	needs.			on July 7, 2011. Attached	10.50 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00 P. (10.00				
- 1	The N	/ledical Director	evaluated all Residents with			progress notes of the inve	estigation				
į	psych	noactive medicati	ons and Residents with					Ì			
			and the Geriopsych			Exhibit #	12	1			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER	2.	(10)			DATE SURVEY COMPLETED	
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LAURELBRO	OOK SANITARIUM				114 CAMPUS DRIVE DAYTON, TN 37321			
(X4) ID PREFIX TAG	SUMMARY STAT	EMENT OF DEFFICIENCIES	PREF TAC	FIX	PROVIDERS PLAN OF CORE	SHOULD BE	(X5) COMPLETION DATE	
			F 22	226	Resident #16 On 2/19/12, MDS Coordi entered a note in medical noting inappropriate feed family member. MDS Co intervened and replaced family member who was feeding inappropriately at the time occurrence.  Exhibit # 1  Abuse investigation polici been reviewed and revised 5/27/2012 by the DON, ar approved by Medical Dire Administrator, and QA Co 5/27/12. On 5/27/12, DOI Incident reporting process abuse incidents on the faci Incident Report form to im tracking and ensure investing Inservices given to all RN CNA's, Housekeeping, Dissocial Worker, Maintenan Activities Director, Laundt Office Staff, Administrator, Assists by DON and RN/B 5/27/12-5/30/12. Staff not attendance will no be able until inservices are comple	records ing by ordinator amily resident e of noted  3 es have d on ad ctor, ommittee N revised to capture lity's aprove igation. es, LPN's, etary, ce, ry, PT, r, Feeding SN from in to work		
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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLI		2) N	ULTIPLE ONSTRUCTION	(X3) DATE SURVEY		
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			F 22	6	DON/RN will oversee inser and report to QA/PI.	vices		
					Exhibit # 5			
					Resident # 11			
					On 05/16/12 the DON begar process for counseling LPN concerning her approach to 1 #11 for inappropriate nursing actions related to cleaning up from floor. Employee resign 17, 2012 before actual couns was done. This incident was reported to the Board of Nur DON on 05/29/2012.  Exhibit # 8  Abuse investigation policies been reviewed and revised of 5/27/2012 by the DON, and approved by Medical Directors.	#3 Resident g p feces ned May seling sing by have		
					Administrator, and QA Comp. 5/27/12.			
			¥7		On 5/27/12, DON revised Increporting process to capture a incidents on the facility's Inc Report form to improve track and ensure investigation. Inse	abuse ident ting		
LABORATORY DIR	ECTOR'S OR PROVIDER/SU	PPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE	

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NAME OF PROVIDER (	OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIF	CODE 06/	05/2012
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			F 2.		given to all RN's, LPN's Housekeeping, Dietary, S Worker, Maintenance, A Director, Laundry, PT, O Administrator, Feeding A DON and RN/BSN from 5/30/12. Staff not in atterno be able to work until i are complete. DON/RN v inservices and report to C Exhibit #5  Upon notification that the employees with no abuse conducted, on 5/16/12, the Manager began obtaining registry checks which were completed on 5/28/12.  The documentation and transplayers attended a new processimplemented on 5/29/12. employee will have an atternord with the mandatory services typed on the attentive record form with attendance to the recorded when in-service attended. The DON will contact the desired the desired the desired the desired the desired the desired the desired the desired the attention and the recorded when in-service typed on the attention and the recorded when in-service typed on the attention and the recorded when in-service typed on the attention and the recorded when in-service typed on the attention and the recorded when in-service typed on the attention attended. The DON will contact the desired tended to the desired the desired tended the desired tended to the desired tended to the desired tended to the desired tended to the desired tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended tended t	, CNA's, Social ctivities office Staff, assists by 5/27/12-adance will enservices will oversee A/PI.  The were six checks abuse the checks abuse the checks abuse the checks abuse the checks and luated by the check abuse the check abuse the check and ance and luated by the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse the check abuse t	

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LAURELBRO	OK SANITARIUM				114 CAMPUS DRIVE DAYTON, TN 37321		
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			F 2	26	mandatory in-services at a year to ensure an oppo employee attendance. DON/Office Manager winservices and report to a Inservices given to all R CNA's, Housekeeping, I Social Worker, Maintand Activities Director, Laur Office Staff, Administrated Assists by DON and RN 5/27/12-5/30/12. Staff no attendance will not be abuntil inservices are comp	ill oversee QA/PI. N's, LPN's, Dietary, ce, adry, PT, tor, Feeding /BSN from ot in le to work lete.	
					2) The DON reviewed to deficiencies stated in the In-services were conducted 5/24, 5/27, 5/28 and 5/29 Investigations, Residents Restraints, Safety, Fall Investigation, Care of restraints, and Behavior Management. In-services given to all RN's, LPN's, Housekeeping, Dietary, S Worker, Maintance, Activ Director, Laundry, PT, Of Administrator, Feeding A DON and RN/BSN from States.	he 2567 to. ed 5/15, on –Abuse Rights, idents with s were CNA's, ocial vities ffice Staff, ssists by	
ORATORY DIREC	TOR'S OR PROVIDER/SUB	PLIER REPRESENTATIVE'S SIGNATURE		L			
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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100000000000000000000000000000000000000	2) MULTIPLE ONSTRUCTION BUILDING	(X3) DATE	SURVEY PLETED
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NAME OF PR	OVIDER OR SUPPLI	ER .		STREET ADDRESS, CITY, STATE, ZIP		05/2012
	OK SANITARIUM			114 CAMPUS DRIVE DAYTON, TN 37321	CODE	
(X4) ID PREFIX TAG	SUMMARY STAT		ID REFIX TAG		HOULD BE	(X5) COMPLETION DATE
		F	= 226	5/30/12. Staff not in attended not be able to work until are complete. DON/RN winservices and report to Question and report to Question and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Quarterly and Qu	inservices vill oversee vA/PI.  5  Inged to actices:  It Admission  It RN's, ping,  irector,  ssists by 6/27/12- Idance will in-services ill oversee	
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			F 22	6	All resident's care plans were reviewed and revised for appropriate approaches/ interventions for abuse and seclusion and resident rights MDS Coordinator. This prowas begun 5/16/12 and com on 5/29/12. All other resider assessed for S/S of abuse by Coordinator/ DON/ADON, completed 5/29/2012.  On 5/29/11 the Administrate changed the company condubackground checks to a new National Criminal Background Check-Sentrylink. The change were made to expedite receives results of requested background check and National Sex offer registry.  On 5/27 and 5/28 all employ files were checked for abuse other required checks by the Manager.  3) On 5/27/12, DON has developed a log to ensure car of all abuse complaints for timestigation. A new form the control of the composition of the complaints for timestigation.	by the cess pleted ats were MDS or cting instant and ages wing and anders' ees, and Office pturing mely	
LABORATORY DIF	ECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

8652125642 >> 4237756346 P 32/118
FORM APPROVED
OMB NO. 0338-0301

F 226) Continued From page 28 provider consulted with Residents with a history of impaired cognition, behavioral episodes, and/or mental illness.  Tag CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  conducting abuse investigations was approved for use to capture all required information. The Office Manager will maintain a list of employees with date of abuse registry checks. No employee will	938-0391
NAME OF PROVIDER OR SUPPLIER  LAURELBROOK SANITARIUM    STREET ADDRESS, CITY, STATE, ZIP CODE	ED
Tag   Continued From page 28   Provider consulted with Residents with a history of impaired cognition, behavioral episodes, and/or mental illness.   Tag   Canton Sanitarium   Tag   Tag   Canton Sanitarium   Tag   Canton Sanitarium   Tag   Canton Sanitarium   Tag   Canton Sanitarium   Tag   Canton Sanitarium   Tag   Canton Sanitarium   Tag   Canducting abuse investigations was approved for use to capture all required information. The Office   Manager will maintain a list of employees with date of abuse   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag   Tag	
FREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (F 226) Continued From page 28  provider consulted with Residents with a history of impaired cognition, behavioral episodes, and/or mental illness.  (F 226) The facility provided evidence of in-services  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 226) Continued From page 28  provider consulted with Residents with a history of impaired cognition, behavioral episodes, and/or mental illness.  [F 226] approved for use to capture all required information. The Office Manager will maintain a list of employees with date of abuse registry checks. No employee will	(X5) COMPLETION DATE
related to policies and procedures for Abuse (to include reporting and investigating abuse immediately); Resident Rights; Safety (to include Accidents and Supervision); Fall Investigation; Care of the Resident with Seizures; Restraint Management; Behavior Assessment and Monitoring Program; and Social Services Assessment and History. The employee's spouses were in-serviced by the facility's Administrator.  Observation of the Residents throughout the follow-up visit revealed facility staff interacted appropriately with the Residents, according to facility Abuse Policies and Procedures.  Interviews with random facility staff during the revisit confirmed they had received in-services related to Abuse, Restraint Management, and Behavioral Management; and how to care for the Resident who displayed aggressive or inappropriate behaviors and to report these behavioral incidents.  The facility will remain out of compliance at an "F" level until it provides an acceptable Plan of Correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee.  [F 241] Individual Incidents of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides and power of the provides are provided to the provided and power of the pro	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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4237756346 P 32/118 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES			OMB NO. 0938-0391
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	PROVIDER OR SUPPLIER BROOK SANITARIU		1	REET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321	
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⟨F 241}	The facility will rem level until it provide Correction to include deficient practice of corrective measure evaluated by the Q	nain out of compliance at an "F" es an acceptable Plan of the monitoring to ensure the loes not recur and the facility's es could be reviewed and luality Assurance Committee.	{F 241}	F 241 483.15(a) Dignity an Respect of Individuality	1d 6/4/12

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4237756346 P 33/118

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE COMPL  A. BUILDING (X3) DATE (COMPL  A. BUILDING (COMPL  DEFICIENCIES (COMPL  A. BUILDING (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFICIENCIES (COMPL  DEFIC	0.0938-039 SURVEY ETED R 05/2012	<u>-</u>
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LAURELBROOK SANITARIUM  STREET ADDRESS, CITY. STATE, ZIP CODE  114 CAMPUS DRIVE  DAYTON, TN 37321		
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Resident #16 & #23     The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignify and respect in full recognition of his or her individually.    This REQUIREMENT is not met as evidenced by:   Based on medical record review, observation, and interview, the facility failed to promote care that maintained or enhanced dignify during a meal time for two residents (#16 and #23) of twenty-seven residents reviewed.    The findings included:   Resident #16 & #23     1) Upon being made aware of CNA #16 deficient practice of feeding Resident #16 & #23, the DON in-serviced her on the proper way to feed residents on 5/15/12. The DON or designee conducted an in-service with all RNs, LPNs and CNAs on the proper way to feed residents – not standing and free from interference from other residents/ policy "Quality of Life — Dignity" on 5/24/12 & 5/28/12. Any RN, LPN & CNA who have not attended the above in-service cannot work until they have attended an in-service on feeding residents.    Resident #16 deficient practice of feeding Resident #16 & #23, the DON in-serviced her on the proper way to feed residents on 5/15/12. The DON or designee conducted an in-service with all RNs, LPNs and CNAs on the proper way to feed residents — not standing and free from interference from other residents/ policy "Quality of Life — Dignity" on 5/24/12 & 5/28/12. Any RN, LPN & CNA who have not attended the above in-service cannot work until they have attended an in-service on feeding residents.    Exhibit #69		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Ew of the MDS dated March the resident was severely ecision making, inattention t, totally dependent on staff wing disorder, obvious or n natural teeth, and was on a l diet.  15, 2012, at 8:05 a.m., in the ed Resident #23 sitting in a 6 standing in front of g the resident with a sixty oc syringe and Resident #16 in the head with finger.  The correction of Nursing (DON) in affirmed the facility failed to dignity during dining for two 23, the activity room was ust stand to feed the  ERMINATION - RIGHT TO  right to choose activities, a care consistent with his or ments, and plans of care; s of the community both a facility; and make choices or her life in the facility that	{F 242}	Resident's dignity during me The policy "Quality of Life Dignity" will be in-serviced quarterly for the next 6 month beginning June 1, 2012. The will ensure this policy is a particular policy of the policy is a particular policy of the policy of the policy is a particular policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of	hs DON art of s or ots begun nonthly o

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FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM **DAYTON, TN 37321** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX COMPLETION DATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) (F 241) Continued From page 30 {F 241} diagnoses including Dementia, and Osteoporosis. Medical record review of the MDS dated March 15, 2012, revealed the resident was severely impaired for daily decision making, inattention continuously present, totally dependent on staff for eating, no swallowing disorder, obvious or likely cavity or broken natural teeth, and was on a mechanically aftered diet. Observation on May 15, 2012, at 8:05 a.m., in the activity room, revealed Resident #23 sitting in a wheel chair, CNA #16 standing in front of Resident #23 feeding the resident with a sixty co (cubic centimeters) syringe and Resident #16 poking Resident #23 in the head with finger. Interview with the Director of Nursing (DON) in the activity room, confirmed the facility failed to maintain or enhance dignity during dining for two Residents #16 and #23, the activity room was small and the staff must stand to feed the residents. (F 242) 483.15(b) SELF-DETERMINATION - RIGHT TO (F 242) F242 483.15(b) Self-SS=D MAKE CHOICES Determination - Right to Make Choices 6/6/12 The resident has the right to choose activities, schedules, and health care consistent with his or Resident #1 her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices 1) The MDS Coordinator changed about aspects of his or her life in the facility that Resident #1's care plan from a set are significant to the resident.

by:

This REQUIREMENT is not met as evidenced

Based on medical record review, observation,

bed time of 10:30 to allow resident a choice of bed time. This was done

on 5/16/12. The MDS Coordinator

reviewed the revised care plan with

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING R WING

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44E200 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

LAURELBROOK SANITARIUM

114 CAMPUS DRIVE DAYTON, TN 37321

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG Resident on 5/16/12 and then {F 242} (F 242), Continued From page 31 communicated the care plan and interview, the facility failed to allow one resident (#1) to make choices of twenty-seven residents reviewed.

The findings included:

Resident #1 was admitted to the facility on July 8, 2008, with diagnoses including Quadriplegia, Mood Disorder, Seizure Disorder, and Bipolar Disorder.

Medical record review of the Minimum Data Set (MDS) dated March 15, 2012, revealed the resident scored fifteen of fifteen on the Brief Interview for Mental Status (BIMS) with intact cognitive skills and no memory impairment.

Medical record review of the Care Plan dated March 15, 2012, revealed "...to go to bed at 11:30 pm...allow to make choices...not allowed to curse outside of room..."

Medical record review of a Behavior Note dated October 19, 2011, at 10:45 p.m., revealed "...Instructed resident of care plan that states needs to go to bed when 3rd shift (10 p.m. - 6:00 a.m.) first gets here ... said no didn't have to...restated we need to follow care plan..."

: Medical record review of a Nurse's Note dated October 20, 2011, at 12:00 p.m., revealed "...W/C (wheelchair) still disengaged (remove battery)...C/O (complains of) not being taken care of...did want to lay down which according to care plan is on third shift...been primarily sleeping in chair all morning..."

Medical record review of a Behavior Note dated

changes by memo and verbally to all RNs, LPNs & CNAs. Any RNs & LPNs who have not acknowledged reading the above memo cannot work until they have signed the in-service sheet stating they have read the memo.

2) On 5/15/12 all other residents' care plans were reviewed by the MDS Coordinator for any set times for bed time. No other residents had set times for bed. The policy "Quality of Life - Dignity" was provided to each RN & LPN on 6/1/12 to reinforce the in-service conducted on 5/29/12.

#### Exhibit #71

3) The MDS Coordinator will monitor all care plans for appropriate interventions beginning 5/29/12. This policy "Quality of Life - Dignity" will be in-serviced quarterly for the next six months then as needed to ensure compliance has been achieved. This policy will be part of orientation for new employees beginning 6/1/12.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 06/05/2012 44F200 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM **DAYTON, TN 37321** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG DEFICIENCY (F 242) 4) The MDS Coordinator will (F 242): Continued From page 32 March 2, 2012, at 11:30 pim., revealed "...asked monitor care plan updates for resident if...wanted to go to bed...told to get out correct and appropriate of...room...per...care plan...needed to go to interventions quarterly. This was bed..." begun on 5/29/12 and will continue Observation and interview with the resident on monthly for 6 months then as May 7, 2012, at 10:45 a.m., in the resident's needed to ensure compliance has room, revealed the resident sitting in a motorized been achieved. The MDS wheelchair. Interview at this time revealed the facility had given the resident a bedtime of 10:30 Coordinator will report the p.m., and the resident does not want to go to bed outcomes to the next quarterly at 10:30 p.m. OAPI Committee and ultimately the Administrator will report to the Interview with the Director of Nursing (DON) on Board quarterly. The next scheduled May 8, 2012, at 2:30 p.m., in the front office, confirmed the facility had given the resident a **OAPI** Committee meeting is bedtime (when 3rd shift arrives), it is care 6/20/12. planned, and the staff had been instructed to follow the care plan. Continued Interview at this time confirmed if the resident refuses to go to bed when 3rd shift arrives, the resident must wait until the staff complete the first round (checking all residents) and the resident does not have a choice when the resident goes to bed. Interview with the DON on May 14, 2012, at 8:45 a,m., in the DON office, revealed the resident requested to go to bed on October 20, 2012, at 12 noon, the resident was informed according to the Care Plan bedtime was on third shift and the facility failed to allow the resident a choice of when to go to bed. C/O #27265 #28092 (F 250) 483.15(g)(1) PROVISION OF MEDICALLY (F 250) SS=D RELATED SOCIAL SERVICE The facility must provide medically-related social

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	a,m requ 12 r the facil	., in the DON office uested to go to be noon, the resident Care Plan bedtim	on May 14, 2012, at 8:45 ce, revealed the resident ed on October 20, 2012, at twas informed according to be was on third shift and the the resident a choice of					
(F 250)	483	#27265 #28092 .15(g)(1) PROVIS ATED SOCIAL S	SION OF MEDICALLY	(F 250)	F250 483.15(s Medically Rel	g)(i) Provision ated Social Sec	of vice	

The facility must provide medically-related social

2012-06-07 15:41 DC0547PM13501 8652125642 >> 4237756346 P 37/118 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION A. BUILDING B. WING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM **DAYTON, TN 37321** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY 1) Upon being made aware that (F 250) Continued From page 33 {F 250} Resident #1 did not have quarterly services to attain or maintain the highest Social Services assessment, the practicable physical, mental, and psychosocial Administrator reviewed the 2567 well-being of each resident. with the Social Services Coordinator. The Social Service Coordinator completed the quarterly This REQUIREMENT is not met as evidenced assessment on Resident #1 on by: Based on medical record review, observation. 5/21/12. On 5/17/12, the and interview, the facility failed to provide social Administrator in-serviced the Social services adequate to meet the needs of one Service Coordinator on the (#1)resident of twenty-seven residents reviewed. regulatory requirements for admission, significant changes, and The findings included: quarterly notes needed for each Resident #1 was admitted to the facility on July 8. resident. 2008, with diagnoses including Quadriplegia, Mood Disorder, Seizure Disorder, Depression, 2) On 5/15/12 to 5/29/12 all other Anxiety, and Bipolar Disorder. residents were review for need of Medical record review of the Minimum Data Set quarterly assessment by the Social (MDS) dated March 15, 2012, revealed the Service Coordinator. No other resident scored fifteen of fifteen on the Brief residents were identified as needing Interview for Mental Status (BIMS) with intact cognitive skills, no memory impairment verbal a quarterly note. behavioral symptoms directed toward others occurred four to six days per week (less than 3) The Social Service Coordinator daily), and rejection of care occurred four to six days per week (less than daily). Continued will monitor for delinquent review of the MDS revealed the resident required quarterly notes on a monthly basis. total staff assistance for transfers, and activities A log will be maintained of of daily living. residents with dates of next Medical record review of an Interdisciplinary Care assessment due. The Social Service Plan, dated March 15, 2012, revealed "...problem: Coordinator will provide a copy of behavior...inappropriate/disruptive log to administrator on a quarterly behavior...displays persistent anger with

staff...easily annoyed...'

basis beginning 6/1/12.

From: 2012-06-07 15:41 DC0547PM13501 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 44E200 NAME OF PROVIDER OR SUPPLIER LAURELBROOK SANITARIUM (X4) ID PREFIX TAG (F 250) 'Continued From page 34

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OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 06/05/2012 STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE **DAYTON, TN 37321** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION PREFIX TAG DEFICIENCY (F 250) The Administrator will monitor residents randomly for Social Medical record review revealed no Social Services notes. This was begun on Services Progress Notes from September 2011 6/1/12 and will continue monthly to May 15, 2012. for 3 months, then as needed to Medical record review of a Nurse's Note dated ensure compliance has been September 20, 2011, at 5:25 a.m., revealed "...Pt achieved. (patient) upset started cussing..." 4) The Social Service Coordinator Medical record review of a Nurse's Note dated October 20, 2011, at 12:15 a.m., revealed "yelling will report the outcomes of and cursing from room..." completed assessments to the quarterly QAPI Committee and Medical record review of a Nurse's Note dated ultimately the Administrator will March 6, 2012, at 8:04 p.m., revealed "...continues to curse...unable to have CNA's report to the Board quarterly. The help...at this time due to...behaviors..." next scheduled QAPI Committee meeting is scheduled 6/20/12. Interview with the Director of Nursing on May 16, 2012, at 8:40 a.m., in the front office, revealed Resident #1 was known to curse, place demands on the staff, and this frequently upset other residents. Interview continued and confirmed a behavior management program had not been established for the resident. Telephone interview with the Nurse Practitioner #1 on May 15, 2012, at 3:12 p.m., confirmed Resident #1 was diagnosed with Depression, Mood Disorder, Anxiety, and Bipolar Disorder. Continued interview confirmed the resident had frequent episodes of cursing the staff and no formal behavior management program had been established for the resident by the Interdisciplinary Team including nursing, Psychiatric Services and Social Services. Interview with the Social Service Director on May

8652125642 >> 4237756346 P 39/118 DEPARTMENT OF HEALTH AND HUMAN SERVICES FINITION UNIVITEDIZ FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 8. WING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) PREFIX PREFIX TAG DEFICIENCY (F 250) Continued From page 35 (F 250) 14, 2012, at 3:30 p.m., in the physical therapy office, confirmed had been aware of the resident's behaviors; aware of intervention of seclusion for behaviors; had never addressed the residents behaviors: the resident attends Community Mental Health Center off the campus: and the Social Service Director had no contact with the mental health center. C/O #27265 #28092 {F 278} 483.20(g) - (j) ASSESSMENT F 278 483.20 (g)-(j) Assessment 6/6/12 SS=E ACCURACY/COORDINATION/CERTIFIED Accuracy/ Coordination/ Certified The assessment must accurately reflect the Resident #1, #13, #16, #2, #4, & resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate 1) The MDS Coordinator changed participation of health professionals. the above Resident's MDS and Care A registered nurse must sign and certify that the Plan to reflect current status. This assessment is completed. was done on 5/16/12 - 5/29/12. The MDS Coordinator corrected the Each individual who completes a portion of the assessment must sign and certify the accuracy of MDS Assessments on the above that portion of the assessment. residents on 5/15/12 to 5/29/12 and modified their care plan Under Medicare and Medicaid, an individual who accordingly. On 5/29/12 the MDS willfully and knowingly certifies a material and false statement in a resident assessment is Coordinator then communicated the subject to a civil money penalty of not more than care plan changes by memo to all \$1,000 for each assessment; or an individual who RNs, LPNs & CNAs giving willfully and knowingly causes another individual Residents an opportunity to change to certify a material and false statement in a resident assessment is subject to a civil money their plan of care. Any RNs, LPNs. penalty of not more than \$5,000 for each & CNAs who have not assessment. acknowledged reading the above

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{F 278}	Continued From pa Clinical disagreeme material and false s	ent does not constitute a	(F 278)	memo cannot work until the signed the in-service sheet s they have read the memo.	y have tating	
	by: Based on medical and interview, the fall accuracy of the Minimal residents (#1, #13, 1 failed to complete a residents reviewed.  The findings include Resident #1 was ad 2008, with diagnose Mood Disorder, Selz Disorder.  Medical record reviet 15, 2012, revealed the fifteen on the Brief In (BIMS) with intact of impairment and rest Continued review of diagnosis for seizure Medical record reviet March 15, 2012, revented the fifteen on the Brief In (BIMS) with intact of impairment and rest Continued review of diagnosis for seizure Medical record reviet March 15, 2012, revented the first provided instructions no date rails"	mitted to the facility on July 8, s including Quadriplegia, cure Disorder, and Bipolar wo of the MDS dated March the resident scored fifteen of interview for Mental Status ognitive skills, no memory raints were not used. The MDS revealed no edisorder for Resident #1.  We of the Care Plan dated ealed "SR (side rails) up failing OOB (out of bed)"		Exhibit #72,  2) On 5/15/12 all other resided MDS Assessments and care were reviewed by the MDS Coordinator for needed chan No other residents needed chan No other residents needed chan Con 5/29/12 the MDS Coordinated the care changes by memo to all RNs. & CNAs giving Residents an opportunity to change their parents. Any RNs & LPNs who not acknowledged reading the memo cannot work until they signed the in-service sheet state they have read the memo.  3) The MDS Coordinator will monitor all MDS Assessments care plans for appropriate data interventions beginning 5/29/1 trending report was developed reporting to the QAPI Commit The MDS Coordinator will mod MDS Assessments and care plans for correct and appropriate data interventions.	dents' plans  ges. nanges. nator plan , LPNs lan of have e above have ating  Il s and a and 12. A I for titee. onitor lans ta and	
į	Medical record revie	w of Physician Recapitulation		interventions quarterly. This v	was	

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resident's room, rever lying on the bed, the the call light in place.  Resident #13 was ad November 5, 2009, was seizure Disorder, Chart Failure.  Medical record review 23, 2012, revealed the memory problem, and activities of daily living revealed no diagnosis Resident #13.  Medical record review February 23, 2012, rewill remain free of injurate Medical record review Orders dated May 201 (diagnoses) Seizure December 20, 1994, was cerebral Palsy, Seizur Encephalopathy.  Medical record review 15, 2012, revealed no Disorder.	D12, revealed "DX; Disorder"  8, 2012, at 8:00 a.m., in the saled the resident asleep, side rails up times two, and mitted to the facility on rith diagnoses including ronic Pain, and Congestive of the MDS dated February e resident had long term direquired supervision for a Continued MDS review for Seizure Disorder for of the Care Plan dated vealed "seizuresresident ry"  of Physician Recapitulation 12, revealed "DX; hisorder"  mitted to the facility on rith diagnoses including the Disorder, and of the MDS dated March diagnosis for Seizure		begun on 5/29/12 and will of quarterly.  4) The MDS Coordinator was report the outcomes to the natural quarterly QAPI Committees ultimately the Administrator report to the Board quarterly next scheduled QAPI Committees and the scheduled QAPI Committees are scheduled QAPI Committees and the scheduled QAPI Committees are scheduled QAPI Committees and the scheduled QAPI Committees are session of 5/17/12 by the Dineed of use of a syringe for each of the discontinuing the use of syring feeding.  CNA #16 and CNA Student fin-serviced by the DON on 5/17/12 concerning their practice of fit Resident # 23 & #24 with a sy without a physician order and to properly thicken residents are not feeding devices unless proper trained. Use of feeding devices the side of the students are not feeding devices unless proper trained. Use of feeding devices are side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the	ext and will will will will will will will wil	
Medical record of the 0	Care Plan dated last review		be approved by DON prior to	using	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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with padded railsSl bedseizure disorde prevent injury"  Medical record review Recapitulation Orders "DX; Seizure Disord Interview with MDS C at 11:20 a.m., in the L office, confirmed the and #16 were not acc Resident #2 was adm October 10, 2010, with Behavior Disorder, All Dementia.  Medical record review assessment dated Not the resident was seven had a history of wands staff assistance with A Living). Continued MI resident was not code restraint.  Observation of Reside 10:00 a.m., lying on the bilaterally. The reside reach. There was a medical observation on May 7.	aled "restraintslow bed R x (times) 2 when in arif seizure occurs try to be of the Physician of the Physician of the Physician of the Physician of the Physician of the Physician of the Physician of the Physician of the Physician of the Physician of the Physician of the Physician of the Activities of Nursing (DON) of the Activities of Daily of the admission MDS of the Activities of Daily of the Activities of Daily of the Physical of the Physician of the Physician of Physical of the Physician of Physical of the Physical of the Physical of the Physical of the Physical of the Physical of Physical of the Physical of Physical of Physical of the Physical of Physical of the Physical of Physical of the Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical of Physical Openior of Physical of Physical of Physical of Physical Openior of Physical of Physical Openior of Physical of Physical Openior of Physical of Physical Openior of Physical of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Physical Openior of Ph		special devices. This was ad the policy, "Assistance with and in-serviced to all RN's, and CNA's 5/27/12-5/30/12. RN/LPN/CNA who has not a the above in-service cannot with until they have attended an inservice.  MDS Coordinator changed R #23 and #24 MDS assessment Care Plan to reflect current starthis was begun 5/16/12 and completed on 5/29/12. On 5/2 MDS Coordinator then communicated Care Plan charby memo to all RN's, LPN's, CNA's after giving resident a opportunity to review plan of Any above RN/LPN/CNA not having read the memo cannot until memo read and acknowled.  2) On 5/15/12-5/16/12, DON designee observed all other residents and no other residents who were being fed with a syringe. 5/16/12, all other residents who were receiving thickened liquity were checked for correct use of thickening ingredient. This was completed 5/16/12.	Meals", LPN's, Any attended work n- desident at and tatus.  29/12 nges and n care. t work edged.  or ts On oo ds of

2012-06-07 15:42 DC0547PM13501 8652125642 >> 4237756346 P 43/118 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER SYREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID COMPLETION DATE PREFIX TAG DEFICIENCY On 5/15/12, MDS Coordinator {F 278} Continued From page 39 {F 278} reviewed all other residents MDS merry-walker, and the merry-walker had weights Assessments and Care Plans for at the base to prevent the resident from tipping current status relating to thickened the device over. The resident was confused and liquids. No other residents needed mumbling to self. The resident could not exit the merry-walker independently when instructed to changes. attempt. 3) The DON/ADON will monitor Observation on May 8, 2012, at 3:45 p.m., residents monthly who require revealed the resident in the facility "circle area," in a reclined gerl-chair with lap top tray secured assistance with eating to ensure that across the lap. The resident was restless and no resident is being fed with a attempting to exit the chair by leaning to the right. syringe without a physician order and proper evaluation by a Speech Interview with the DON, at the time of the Therapist and thickened liquids are observation, confirmed the recliner is a restraint with the tray table across the resident to prevent being used as ordered by MD or the resident from rising independently, the Dietician beginning 6/1/12. merry-walker and the seatbelt for the merry-walker, as well as the bed side rails in the up position, are all physical restraints. The DON 4) The DON will report the further confirmed the comprehensive outcomes of monitoring residents assessment was inaccurate. requiring assistance with eating and any swallowing difficulties at the Resident #4 was admitted to the facility on June 2, 2008, with diagnoses including Schizophrenia, next quarterly QAPI Committee and Depression, and Weakness. ultimately the Administrator will report to the Board quarterly. The Medical record review of the MDS assessment next scheduled OAPI Committee dated February 9, 2012, revealed the resident with severe cognitive deficits, the resident was meeting is 6/20/12. ambulatory with the use of a walker, and the resident had no restraint.

right side of the bed.

Observation of the resident on May 9, 2012, at 8:20 a.m., revealed the resident lying on the bed with the left side of the bed against the wall and half side rails up, in the mid bed position, on the

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	10:05 a.m., revealed bed, with the side in the down position against the wall.  Interview with the Entry is a many and the interview with the Entry is a many and the interview with the interview with the interview with the interview with the interview with the up position of the interview and against the wall the comprehensive against the wall the comprehensive against the wall and any 31, 2011, where a session in the interview as a reclined generation of the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and the interview and th	resident on May 14, 2012, at and the resident lying on the ail on the right side of the bed in. The left side of the bed was a constant of the bed was a constant of the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restraint and the bed is a restr	{F 278}			
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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(F 278)	Continued From page centimeters) syringe		{F 27	8)			
	a.m., revealed the sy coatmeal, peanut butt	rringe contained pureed					
!	8:18 a.m., in the active student #1 feeding R containing milk that h	DON on May 15, 2012, at vity room, revealed CNA esident #23 with a syringe ad not been thickened and ne student to thicken the					
!	Observation on May the activity room, revelop CNA #6 with a spo	15, 2012, at 11:30 a.m., in called the resident being fed on.					
	Interview with the DOI a.m., in the DON office falled to complete a fed determine the need ar resident with a syringe	eding assessment to					
i '	Resident #24 was adn 1, 2009, with diagnose Accident, Contracture,	nitted to the facility on May is including Cardiovascular and Pain,					
; 4 ; ii ; p	2012, revealed the res mpaired for daily decis	sion making, inattention lly dependent on staff for lisorder, and a					
C							

DEPA CENT	TERS FOR MEDICAR	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES	86	652125642 >>	FOR	U: U6/0/7201 M APPROVE
STATEM	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TPLE CONSTRUCTION	(X3) DATE	O. 0938-039 SURVEY LETED
	_	44E200	B. WING_		_	R
	F PROVIDER OR SUPPLIER ELBROOK SANITARIUM	A	1	REET ADDRESS, CITY, STATE, I	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAM	05/2012
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{F 279} SS=D	aspirationuse a si Medical record revie March 26, 2012, at a while to swallowre  Medical record revie Recapitulation Order Pureedhoney thick  Observation on May the resident's room, fed by CNA #16 with  Interview with the DC a.m., in the DON officialled to complete a find determine the need find syringe.  C/O #27230 #27265 at 483.20(k)(COMPREHENSIVE COMPREHENSIVE emind to or S/SX (signs and symptoms) ppy cup for all ilquids"  aw of a Dietitian note dated 3:54 a.m., revealed "takes a ceiving honey thick liquids"  aw of a Physician rs May 2012, revealed "Diet lened liquids"  15, 2012, at 11:30 a.m., in revealed the resident being a 60 cc syringe.  No n May 15, 2012, at 10:30 ce, confirmed the facility feeding assessment to or feeding the resident with a #28092  1) DEVELOP CARE PLANS  e results of the assessment derevise the resident's	{F 278}				
:	The care plan must be	some me services that are				- 1

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4237756346 P 47/118 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: USID112012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 44F200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (F 278): Continued From page 43 {F 278} texture...offer small bites...remind to swallow...monitor for S/SX (signs and symptoms) aspiration...use a sippy cup for all liquids..." Medical record review of a Dietitian note dated March 26, 2012, at 8:54 a.m., revealed "...takes a while to swallow ... receiving honey thick liquids ... " Medical record review of a Physician Recapitulation Orders May 2012, revealed "... Diet Pureed...honey thickened liquids..." Observation on May 15, 2012, at 11:30 a.m., in the resident's room, revealed the resident being fed by CNA #16 with a 60 cc syringe. Interview with the DON on May 15, 2012, at 10:30 a.m., in the DON office, confirmed the facility failed to complete a feeding assessment to determine the need for feeding the resident with a syringe. C/O #27230 #27265 #28092 F 279 483.20(d)(k) Develop (F 279), 483.20(d), 483.20(k)(1) DEVELOP {F 279} 6/6/12 SS=D ! COMPREHENSIVE CARE PLANS Comprehensive Care Plans A facility must use the results of the assessment Resident # 18 to develop, review and revise the resident's comprehensive plan of care. 1) The MDS Coordinator changed The facility must develop a comprehensive care the above Resident's Care Plan to plan for each resident that includes measurable reflect current status. This was done objectives and timetables to meet a resident's on 5/16/12. On 5/28/12, the MDS medical, nursing, and mental and psychosocial needs that are identified in the comprehensive Coordinator then communicated assessment. with the residents and POA concerning changes in Care Plan The care plan must describe the services that are

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4237756346 P 48/118

FORM APPROVED

DEPARTMENT	OF HEALTH	AND HUMAN	SERVICES
CENTERS FOR	MEDICARE	& MEDICAID	SERVICES

OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 06/05/2012 44F200 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX TAG TAG DEFICIENCY) and provided an opportunity for (F 279) Continued From page 44 (F 279) input. The Care Plan changes were to be furnished to attain or maintain the resident's communicated by memo on highest practicable physical, mental, and 5/16/12-5/31/12 to all RNs, LPNs & psychosocial well-being as required under CNAs. Any RNs & LPNs who have §483.25; and any services that would otherwise not acknowledged reading the above be required under §483.25 but are not provided due to the resident's exercise of rights under memo cannot work until they have §483.10, including the right to refuse treatment signed the in-service sheet stating under §483.10(b)(4). they have read the memo. This REQUIREMENT is not met as evidenced Exhibit #72, 73 Based on medical record review, observation, 2) On 5/15/12 all other residents and interview, the facility failed to develop a care plans were reviewed by the comprehensive care plan for one resident (#18) MDS Coordinator and then were of twenty-seven residents reviewed. revised as needed. The MDS The findings included: Coordinator communicated the Care Plan changes by memo to all RN's, Resident #18 was admitted to the facility on March 1, 2006, with diagnoses including Senile LPN's and CNA's. Any RN's, Dementia, Osteoarthritis, Osteoporosis, LPN's, CNA's who have not Psychosis, Hypothyroidism, and Depressive acknowledged reading the above Disorder. memo cannot work until they have Medical record review of the Minimum Data Set isigned the in-service sheet stating (MDS) dated March 1, 2012, revealed the they have read the memo. resident had short and long term memory problems, required extensive assistance with 3) The MDS Coordinator will activities of daily living, and required extensive monitor all MDS care plans for assistance with eating. appropriate data and interventions Medical record review of a Dietary Progress Note beginning 5/29/12. A trending dated May 23, 2011, revealed "...having to report was developed for reporting assist...more lately with eating...needs more

encouragement..."

Medical record review of a Dietary Progress Note

to the OAPI Committee. The DON

will review four Care Plans per

2012-06-07 15:43 DC0547PM13501
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0381

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLET (X4) DESCRIPTION (X5) DATE SU COMPLET (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6) DESCRIPTION (X6)					
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	feedselfrequire eating"  Medical record revided May 9, 2012 w/ (with) eating"  Medical record reviewed on Marcholan for assistance Observation on Marcholan for assistance Observation on Marcholan for assistance Observation revealed Certified scooped meat onto each on the reside observation revealed Certified scooped meat onto each on the reside observation revealed to sit at 100 observation at 5:05 continued to sit at 100 observation at 5:05 continued to sit at 100 observation at 5:05 continued to eat. Colum., (twenty-three enterview with the Edway 14, 2012, at 5 confirmed "within fill of the continued to within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill of the confirmed "within fill	A continued another resident sitting at the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon and laid the spoon a	(F 279)	month for correct, appropriatimely interventions.  Exhibit #74  4) The MDS Coordinator with monitor MDS care plans for and appropriate data and interventions quarterly. This begun on 5/29/12 and will comonthly for 6 months then an needed to ensure compliance been achieved. The MDS Coordinator will report the outcomes to the next quarter QAPI Committee and ultimate Administrator will report to the Board quarterly. The next set QAPI Committee meeting is 6/20/12.	ill correct s was ontinue s has	

DEPA	06-07 15:43 RYMENT OF HEAL ERS FOR MEDICAL	DC0547PM13501 TH AND HUMAN SERVICES RE & MEDICAID SERVICES	00	52125642 >>	FOR	D: 06/07/201:
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING	PLE CONSTRUCTION G	(X3) DATE	O. 0938-0391 SURVEY LETED
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:	This REQUIREMEN	T is not met as evidenced			į	

DEPAR	6-07 15:43 RYMENT OF HEALTI	DC0547PM13501 H AND HUMAN SERVICES & MEDICAID SERVICES		8652125642 >>	4237756346 PRINTE	P 50/118 D: 06/07/2012
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	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP 114 CAMPUS DRIVE DAYTON, TN 37321		/05/2012
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{F 279}	Continued From page	ge 46	{F 279	): 		
{F 280} SS=D	p.m., in the dining rewould self feed if (re "will eat food even if someone feeds (result the MD p.m., outside the MD confirmed the facility comprehensive care with meals.  483.20(d)(3), 483.10 PARTICIPATE PLANThe resident has the incompetent or other incapacitated under the participate in planning changes in care and incomprehensive care within 7 days after the comprehensive assembly sician, a registered in the resident, and coisciplines as determind, to the extent prained resident, the resident, the resident, and revised by a team ach assessment.	ON on May 15, 2012, at 1:05 S Coordinator office, failed to complete a plan to include assistance (k)(2) RIGHT TO iNING CARE-REVISE CP right, unless adjudged wise found to be the laws of the State, to g care and treatment or treatment. e plan must be developed	(F 280)	F280 483.20(d)(3) 48 (k)(2) Right to Partic Planning Care-Revise Resident #1  1) MDS Coordinator above Resident's MDS Plan to reflect current was done on 5/16/12 – MDS Coordinator corr MDS Assessment on the resident on 5/15/12. The Coordinator then commodate Plan changes by reflect RNs, LPNs & CNAs, so 5/16/12 and completing Any RNs & LPNs who acknowledged reading memo cannot work until the control of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the completion of the	changed the S and Care status. This 5/29/12. The rected the he above he MDS municated the memo to all starting g on 5/29/12. In have not the above	6/6/12
. T	his REQUIREMENT	is not met as evidenced		acknowledged reading	the above	

2012-06-07 15:43 DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	DC0547PM13501 H AND HUMAN SERVICES & MEDICAID SERVICES	ł	8652125642 >> 4237	FORM	U6/07/2012
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
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and interview, the fa update the care plant twenty-seven resident twenty-seven resident twenty-seven resident twenty-seven resident twenty-seven resident #1 was adrigoda, with diagnoses Mood Disorder, Seize Disorder.  Medical record review (MDS) dated March 1 resident scored fiftee Interview for Mental Sintact cognitive skills and exhibited behavior Medical record review March 15, 2012, revenedications for Seize Medical record review March 19, 2012, at 10 "having a seizure"  Medical record review May 19, 2012, revealed seizure"  Medical record review May 19, 2012, revealed seizure"	ecord review, observation, cility failed to evaluate and of for one resident (#1) of onts reviewed.  d:  mitted to the facility on July 8, a including Quadriplegia, are Disorder, and Bipolar  of the Minimum Data Set 15, 2012, revealed the of fifteen on the Brief Status (BIMS) indicating and no memory impairment ors four to six days weekly.  of the Care Plan dated aled no intervention or re Disorder.  of a Nurse's Note dated and of a Nurse's Note dated ofdoctor notified of of Physician Recapitulation	(F 280)	signed the in-service sheet s	sidents y the were S the Care II RN's, I's, ot bove by have stating will outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and outs and ou	

2012-06-07 15:48 DC0547PM13501 8652125642 >> 4237756346 P 52/118 I IMILIANI ANAILEAIF DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 44F200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM **DAYTON, TN 37321** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID (X5) COMPLETION PREFIX TAG DATE DEFICIENCY) The MDS Coordinator will {F 280} Continued From page 48 {F 280} monitor MDS Assessment and care plans for correct and appropriate Observation on May 7, 2012, at 10:50 a.m., in the data and interventions quarterly. · resident's room, revealed the resident sitting in an This was begun on 5/29/12 and will electric wheelchair, alert and oriented. continue monthly for 6 months then Interview with the MDS Coordinator on May 14. as needed to ensure compliance has 2012, at 11:28 a.m., in the Director of Nursing been achieved. The MDS (DON) office, confirmed the care plan had not Coordinator will report the been updated to reflect interventions for Seizure Disorder and seizure activity. outcomes to the next quarterly QAPI Committee and ultimately the C/O #27265 #28092 Administrator will report to the (F 281), 483.20(k)(3)(i) SERVICES PROVIDED MEET (F 281) Board quarterly. The next scheduled SS=D | PROFESSIONAL STANDARDS **QAPI** Committee meeting is The services provided or arranged by the facility 6/20/12. must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to write and follow a physican's order for vital signs and neurological checks for one resident (#19) and failed to obtain a physician's order prior to administering medication to one resident (#20) of twenty seven residents reviewed. The findings included: Resident #19 was admitted to the facility on October 22, 2010, with diagnoses including Diabetes Mellitus Type 2, Chronic Catatonia, Dehydration, and Venous Thrombosis. Medical record review of the Minimum Data Set (MDS), dated March 3, 2012, revealed the

2012-06-07 15:48 DC0547PM13501 4237756346 P 52/118 8652125642 >> DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 44F200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM **DAYTON, TN 37321** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETION DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX : REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (F 280) Continued From page 48 {F 280} Observation on May 7, 2012, at 10:50 a.m., in the resident's room, revealed the resident sitting in an electric wheelchair, alert and oriented. Interview with the MDS Coordinator on May 14. 2012, at 11:28 a.m., in the Director of Nursing (DON) office, confirmed the care plan had not been updated to reflect interventions for Seizure Disorder and seizure activity. C/O #27265 #28092 F 281 483.20(k)(3)(i) Services (F 281), 483.20(k)(3)(i) SERVICES PROVIDED MEET (F 281) 6/6/12 Meet Professional Standards SS=D | PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. Resident #19 This REQUIREMENT is not met as evidenced 1) The DON will review policy on by: Accidents and/or Incident when Based on medical record review, observation, residents hit their head to ensure and interview, the facility failed to write and follow that all residents have orders for a physican's order for vital signs and neurological checks for one resident (#19) and failed to obtain neuro checks and neuro checks are a physician's order prior to administering completed. The DON or RN/BSN medication to one resident (#20) of twenty seven conducted an in-service with all residents reviewed. RNs and LPNs on use of The findings included: Accident/Incidents, Clinical Protocol. This was done on 5/27/12 Resident #19 was admitted to the facility on -5/29/12. The policy October 22, 2010, with diagnoses including "Accident/Incidents, Clinical Diabetes Mellitus Type 2, Chronic Catatonia, Protocol" was provided to each RN Dehydration, and Venous Thrombosis. & LPN on 6/1/12 to reinforce the in-

Medical record review of the Minimum Data Set

(MDS), dated March 3, 2012, revealed the

services conducted on the above

2012-06-07 15:49 DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	& MEDICAID SERVICES	8	652125642 >>	42377	FORM	P 53/118 J. UblUITZU1 A APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A BUILD	TIPLE CONSTRUCTION		(X3) DATE S COMPL	0. 0938-039 SURVEY ETED
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Medical record review Sheet for December 2: 2011, revealed there with signs or the neuron 2011, resident in bath ro Nurse Assistant (CN) sideways out of the sight side. Resident is small contusion noted No other injuries noted No other injuries noted Medical record review Sheet with Neuro Che 2011 and December 2 revealed" frequency for 24 hours, then as a hours"  Medical record review sheet for December 2: 2011, revealed there with the neuron 2011, revealed there with signs or the neuron 3 hours"  Medical record review Sheet revealed on December 2: 2011, revealed there with signs or the neuron 3 hours are sident's record.  Observation on May 14 resident's room, reveal the wheelchair with a control of the phone interview with nurse (LPN) #5, on May 15, on May 16, on May 16, on May 16, on May 17, on May 18, on May 18, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19, on May 19,	ately cognitively impaired and ssistance with activities of and bathing.  w of a Nurse's Note dated at 7:30 a.m., revealed om in shower chair. Certified A) observed resident fall hower chair, landing on the was assessed for injuries, d to right side of forehead.  d. Neuro checks started"  v of the "Vital Sign Flow ecks" dated December 23, 24, 2011, q (every) 4 hours per shift (every shift) X (times) 24  of the Physician's Order 3, 2011 or December 24, vas no order written for the orchecks.  of the Vital Signs Flow exember 24, 2011, at 8:00 m., no vital signs or neuro documented on the	]	dates. Any RN, LPN attended the above inwork until they have a service on policy "Accident/Incidents, (Protocol.  2) On 5/15/12 to 5/29 residents were assesse an audit was conducted who had neuro checks had orders and neuro checks had orders and neuro checks beginning. This policy "Accident/Clinical Protocol" will serviced quarterly for the months beginning 6/1/2 policy will be part of onew employees beginn the DON or design monitor use of neuro clemental policy will be part of onew employees beginn the DON or design monitor use of neuro clemental policy will be part of onew employees beginn the DON or design monitor use of neuro clemental policy will be part of onew employees beginn the DON or design monitor use of neuro clemental policy will be part of one weekly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% commonthly for 100% c	clinical D/12, all d. On 6 d on res all resigned be inherent 2012. Trientation ing 6/1/12 and weeks the liance has DN will	other /1/12 ident dent's //ere  will en as as	

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t : c	checks for every 4 hen every shift for 2 properties and communitions"	ge 50 the vital signs and the neuro nours for the first 24 hours, 24 hoursI forgot to write the cate this to the oncoming rector of Nursing (DON) and or on May 14, 2012, at 3:30	{F 281}	quarterly QAPI Commultimately the Administreport to the Board quarterly Resident #20  1) Upon being made a	strator will arterly.	
tis sfan Filo	o.m., in the DON off elephone order was igns or the neurolo ailed to follow the P euro checks on De Resident #20 was an 2012, with diagno osteoporosis, Cereb	ice, confirmed the physicians not transcribed for the vital gical checks and the facility hysician's Order or obtain the		#4's deficient practice administering herbal matter without a physician or service was conducted correct policy "Herbal Policy" stating that all must have a physician including herbal medic brought to facility by r	nedication der, an in- on the Medication medications orders eations	
w R H V m an pi	rest hallway, reveal nultiple herbal medi- tesident #20, includ awthorn Berry, Tur- itamin C. Further of nedications were sto- ith the herbal medi- pplicable, and did name, medication ex- hysician's name, disharmacy label.	meric, Bilberry Leaf, and observation revealed the bred in zip lock bags labeled cation name and strength, if ot include the resident's epiration date, ordering spensing instructions, or w of the Medication of for May 2012, revealed the the herbal medications daily		family members. This 5-15-12. The DON wi LPN # 4 randomly on a basis until 100% comp This was begun on 6/1. Pharmacy Service was effective 6/1/12. The P Consultant will assist i physician orders for all administered and recorbeginning 6/1/12.  2) 5/15/12 to 5/16/12,	Il observe a monthly liance is met. /12. The changed harmacy n capturing medications ded on MAR	
	om May 2 through edical record revie	v of the Physician's Orders		surveyed the other med to ensure no other resid		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBE	D.   '		MULTIPLE ONSTRUCTION BUILDING	(X		SURVEY
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			F 28	31	identified to ensure no hamedications were being administered without a porder. No other residents identified as needing an 5/29/12 the RN/BSN states erviced all other license "Verbal and Written Ord General.  3) Medication Pass will observed by the DON or beginning 6/1/12 to ensure facility policy and state last observed including physis for all medications. The consultant will assist in Nobservations of RNs & Ladministering medication the facility beginning 6/1/DON or designee will more medication administration resident's medications happysician orders. This was on 5/29/12 and will conting for 4 weeks then monthly random basis to ensure contast been achieved.  4) The DON will report outcomes to the next quar QAPI Committee and ultited administrator will report to the resident of the second outcomes to the next quar QAPI Committee and ultited administrator will report to the second outcomes to the next quar QAPI Committee and ultited administrator will report to the second outcomes to the next quar QAPI Committee and ultited administrator will report to the second outcomes to the next quar QAPI Committee and ultited administrator will report to the second outcomes to the next quar QAPI Committee and ultited administrator will report to the second outcomes to the next quar QAPI Committee and ultited administrator will report to the second outcomes to the next quar QAPI Committee and ultited administrator will report to the second outcomes to the next quar QAPI Committee and ultited administrator will report to the second outcomes to the next quar QAPI Committee and ultited to the second outcomes to the next quar QAPI Committee and ultited to the second outcomes to the next quar QAPI Committee and ultited to the second outcomes to the next quar QAPI Committee and ultited to the second outcomes to the next quar QAPI Committee and ultited to the second outcomes to the next quare QAPI Committee and ultited to the second outcomes to the next quare QAPI Committee and ultited to the second outcomes to the next quare	hysicial were order. If independent of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the design of the d	On on eee the eders acy as nee en eekly ce	
BORATORY DIREC	CTOR'S OR PROVIDER/SUP	PLIER REPRESENTATIVE'S SIGNATURE			TITLE			(X6) DATE

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2012-06-07 15:49 DC0547PM13501 8652125642 >> 4237756346 P 55/118 PKINIEU: UBIUNZUTZ DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 8. WING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Board quarterly. The next scheduled {F 281}: Continued From page 51 {F 281} QAPI Committee meeting is for May 2012, revealed no order from the 6/20/12. resident's physician for the herbal medications. Interview on May 15, 2012, at 1:30 p.m., with LPN #2, confirmed the herbal medications were brought to the facility in zip lock bags by the resident and had been administered daily during May 2012, without a Physician's Order. (F 309) 483.25 PROVIDE CARE/SERVICES FOR (F 309) SS=D : HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to control pain for one resident (#18) and failed to follow physician's orders for one (#7) of twenty-seven residents reviewed.

FORM CMS-2667(02-99) Provious Versions Obsolete

Disorder.

The findings included:

Resident #18 was admitted to the facility on March 1, 2006, with diagnoses including Senile Dementia, Osteoarthritis, Osteoporosis, Psychosis, Hypothyroidism, and Depressive

Medical record review of the Minimum Data Set (MDS) dated March 1, 2012, revealed the resident had short and long term memory

Event ID: G6LS12

Facility ID: TN7201

If continuation sheet Page 52 of 101

2012-06-07 15:49 DC0547PM13501 8652125642 >> 4237756346 P 55/118 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: USIDITZUTZ FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XJ) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B, WING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM **DAYTON, TN 37321** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (F 281): Continued From page 51 {F 281} for May 2012, revealed no order from the resident's physician for the herbal medications. Interview on May 15, 2012, at 1:30 p.m., with LPN #2, confirmed the herbal medications were brought to the facility in zip lock bags by the resident and had been administered daily during May 2012, without a Physician's Order. F 309 483.25 Provide 6/6/12 (F 309) 483.25 PROVIDE CARE/SERVICES FOR (F 309) Care/Services for Highest Well-SS=D HIGHEST WELL BEING Being Each resident must receive and the facility must provide the necessary care and services to attain Resident #1 or maintain the highest practicable physical, mental, and psychosocial well-being, in 1) DON reviewed the Pain accordance with the comprehensive assessment and plan of care. Assessment policy and revised the policy on 5/25/12 to ensure that all residents have their pain managed This REQUIREMENT is not met as evidenced appropriately. The following by: additions to the Pain Policy Based on medical record review and interview, included: 1) Call physician within the facility failed to control pain for one resident two hours if no change in character (#18) and failed to follow physician's orders for one (#7) of twenty-seven residents reviewed. or intensity of pain. 2) A list of non-medication interventions for The findings included: pain. The DON conducted an inservice with all RNs and LPNs on Resident #18 was admitted to the facility on March 1, 2006, with diagnoses including Senile the newly revised "Pain Dementia, Osteoarthritis, Osteoporosis, Assessment, Reassessment and Psychosis, Hypothyroidism, and Depressive Management Policy" on 5/28/12 & Disorder. 5/29/12. Any RN and LPN who Medical record review of the Minimum Data Set have not attended the above in-(MDS) dated March 1, 2012, revealed the service cannot work until they have resident had short and long term memory

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1E 300	Continued Commun			attended an in-service		
{F 308,	Continued From pa		(F 309)	Assessment, Reassess	ment and	
	problems, and required extensive assistance with ambulation and activities of daily living.			Management.		
	Medical record revi	ew of a Nurse's Progress Note		Exhibi	t # 44	
		5, 2011, revealed "resident		On 5/29/12 all other residents		
	; climbed between be	edrail and		receiving pain medica		
	footboardobserve	d sitting on the floor"		assessed for appropria		
	: 5 8 5 412 4 2 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4			by the DON. All other		1
	the nelvis dated Sor	ew of a Radiology Report of otember 25, 2011, revealed,		pain was appropriately		! !
	" severe osteoarth	ritis of both hipsno acute				i 1
	fracture is appreciat	ed"		during assessment. Or		i l
				policy, "Pain Assessm		
	i Medical record revie	w of a Nurse's Progress Note		Reassessment, and Ma		
	dated September 25	5, 2011, at 12:30 p.m.,		was posted on the nur	_	
	revealed, "residen			board as a reminder of		
	hours if pain does no	e instructionsreturn in 6-8		practice. This policy v	vill be in-	!
	The street of the street of the	, mp.ora		serviced quarterly for		
	Medical record revie	w of a Nurse's Progress Note	ĺ	months beginning 6/1/	′12.	
	dated September 25	, 2011, at 10:01 p.m.,				
i	revealed, "Pt (patie members"	ent) yells when turned by staff		3) TI DON 1 .	•11	
į	members,			3) The DON or design		1
	Further review of a N	lurse's Progress Note dated		monitor residents rece		I
-	September 26, 2011	, at 6:53 a.m., revealed,	i	medication to ensure r	1	
ł		extreme pain during shift		is managed appropriat	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
1		get-up timeresident given		5/29/12, a Medical Re	A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	1
į		of Tylenolno improvement	j	worksheet was develop	ped to	
	in pain"		-	monitor pain managen	nent. This	
	Further review of a N	lurse's Progress Note dated	-	review will be conduc	ted monthly	
	September 26, 2011,	at 1:17 p.m., revealed,	-	for three months or un	til substantial	
:	"resident complains		ĺ	compliance is obtained	l. This policy	
		medicationstill 2 hrs (hours)	ĺ	will be in-serviced qua		
	later in excoriating (e	a Progress Note at 4:30	!	next 6 months beginni		
		ysician contacted due to				

	6-07 15:50	DC0547PM13501	8	8652125642 >>	4237756346	P 57/118
DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES			5KIN I FI	J: UBIU 112U1
		& MEDICAID SERVICES			OMB NO	M APPROVED 0. 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION	(X3) DATE	SURVEY
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		44E200	B. WING			R
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(E 300)	Continued From			4) The DON or design	nee will report	1
(1 309)	Continued From pag		{F 309	to the QAPI Committ	ee the	1
	Lortab (narcotic)"	ight) leg painorder given for	1	outcomes of the resul	ts of resident's	
			!	pain control. This was		
	Medical record revie	w of a facility Medication		5/29/12 and will cont	inue weekly	
	Record dated Septer	mber 2011 and October b was administered for pain	1	for 6 weeks then as no		
i	management.	b was administered for pain	Ϊ.	compliance has been		
				DON will report the o		
į	Medical record review	w of a Nurse's Progress Note	l	next quarterly QAPI (		
	dated September 27, revealed " still in tre	2011, at 12:56 a.m., mendous painyelling when		ultimately the Admini		
	turnedor change of	position" Continued		report to the Board qu	arterly.	Ī
i	review of a Nurses's	Note at 4:14 p.m., revealed, ain when care done"				1
i				Resident # 7		1
!	Medical record review	of a (mobile imaging)		Discharged from fa	cility	
	Patient Report of the September 27, 2011, seen"	right femur (hip) xray dated revealed, "no fracture is		2/5/2012	lemey	
		2 80	ĺ	1) DON reviewed the	policy	1
	Medical record review	of a Nurse's Progress r 30, 2011, at 6:48 a.m.,		"Guidelines for Notify		
. 1	evealed, "slept thro	ugh the nightc/o		of Clinical Problems"	on 5/25/12.	
<u>;</u> (	complains of)hurts	up inside"	į	and added dialysis trea		1
	fadiaal daaadd da da	at a minute of the second		5/27/12 & 5/28/12 the		
! (	october 5 2011 reve	of a Physician's Note dated aled, "had a fall last week	i	conducted an in-service	e with all	
; a	ind xray was no fx (fra	acture) noted but continued	}	RNs and LPNs on the	"Guidelines	
; p	ain" ´	one converted to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the		for Notifying Physicia		
. n	fedical record review	of a Nurse's Progress Note	1	Problems" to ensure th		
d	ated October 5, 2011	, at 11:06 a.m., revealed,		received the ordered ca		1
. ".	seen by (medical dir	rector) new orders for x-ray		Any RN and LPN who		
10	f right femur"			attended the above in-s		
lo	ontinued review of a	Nurse's Progress Note	1	work until they have at		
, q	ated October 6, 2011, received resultsac	at 11:39 a.m., revealed,		above mentioned in-se	rvice.	

DEPAR	TMENT OF HEALTI	DC0547PM13501 HAND HUMAN SERVICES	8	652125642 >>	4237756346	J. UUIUIIEII
CENTE	RS FOR MEDICARI T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	OMB NO	
		44E200	B. WING	-	_ \	R 05/2012
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(F 309)	Continued From pa (hospital) to consult		{F 309	Exhib	it # 45	
Mod (ia Mod (i) Co M	Notes, Physician's F Orders revealed no interventions for the from September 27, 2011.  Resident #7 was adi 29, 2010, with diagn Renal Disease, Cere Left Side Hemipares Hypertension.  The resident was dis February 13, 2012.  Medical record review fated September 7, 2 o Dr. (Doctor) appoint members has tried to or 4 times to see if (no oday"  Medical record review ated September 22, patient) returned from mbulance at 6:30 p. Medical record review ated September 22, Hemodialysis) on Tu Thursday)/Sat (Satur linic)"	charged from the facility on  w of a Nursing Progress Note 2011, revealed, "Resident ntment at 9:00 a.m., Staff contact (named hospital) 3 asident) is coming back  w of a Nursing Progress Note 2011, revealed, "Pt, in (named hospital) via m"  w of the Physician's Orders 2011, revealed, "HD (Tuesday)/Th rday) per (named dialysis  w of a Nursing Progress Note		2) On 5/29/12 the DO other residents for ord being provided by ou in a timely manner, is Treatment. There were resident affected by the practice. On 6/1/12 the "Guidelines for Notifical Problems" the nursing's bulleting reminder of facility propolicy will be in-servit for the next 6 months with 6/1/12.  3) The DON or designment monthly any receiving outside service providers i.e. Dialysis residents receive their This was begun on 5/2 policy "Guideline for Physician of Clinical Fibe in-serviced quarter 6 months beginning 6/2 policy will be part of onew employees beginn	dered care tside provider e. Dialysis re no other his deficient he policy lying Physicain was posted on board as a ractice. This iced quarterly beginning gnee will resident ices by to ensure ordered care. 19/12. This Notifying Problems' will ly for the next 1/12. This orientation of	
M d (I)	Medical record review lated September 22, patient) returned from mbulance at 6:30 p. Medical record review ated September 22, Hemodialysis) on Turnursday)/Sat (Saturille)"	2011, revealed, "Pt, m (named hospital) via m"  v of the Physician's Orders 2011, revealed, "HD (Tuesday)/Th rday) per (named dialysis		providers i.e. Dialysis residents receive their This was begun on 5/2 policy "Guideline for Physician of Clinical F be in-serviced quarterl 6 months beginning 6/policy will be part of o	to ensure ordered care. 29/12. This Notifying Problems" will by for the next 1/12. This orientation of	

DEPARTMENT OF HEALT	DC0547PM13501	8	652125642 >>	4237756346	P 59/118
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIED/CIA	lva m	A	FOR	U: U0/U1/201 M APPROVEI D. 0938-039
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A BUILD	TIPLE CONSTRUCTION	(X3) DATE COMPI	SURVEY
NAME OF PROVIDER OR SUPPLIER	44E200	B. WING		06/	R 05/2012
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dated September 27, 2 taken via ambulance a (named hospital) on the blood sugar being too l Medical record review dated September 28, 2 viaambulance to callat dialysis clinic)  Medical record review dated September 27, 2 taken via ambulance a (named dialysis clinic)  Medical record review dated September 28, 2 viaambulance toscf appointment"	ysis at (named dialysis clinic) a going by ambulanceAt(named dialysis clinic) re: cortation to the clinic today, y to work (resident) in on v of a Nursing Progress Note 2011, revealed, "called alk with resident's case reason why resident wasn't for Dialysis(case another case canother case canother case cat to take (resident) but tated that (named hospital) cal necessity form to them ed ambulance) called and asident on 9-27-11,"  of a Nursing Progress Note 2011, revealed "was round 2PM to go to but was deferred to e way due to resident ow"  of a Nursing Progress Note 2011; revealed "Taken, nedule dialysis	(F 309)	4) The DON or design to the QAPI Committed with outside provider resident care. This was 5/29/12 and will conting for 6 weeks then as necompliance has been a DON will report the or next quarterly QAPI Coultimately the Administreport to the Board quanext scheduled QAPI Comeeting is 6/20/12.	ee any issues in providing s begun on nue weekly eded to ensure achieved. The utcomes to the committee and strator will arterly. The	

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		44E200	B, WIN	3	084	R
	K SANITARIUM			STREET ADDRESS, CITY, STATE, ZIF 114 CAMPUS DRIVE DAYTON, TN 37321	P CODE	05/2012
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IT/SVCS TO ESSURE SORES  Thensive assessment of a 1 ust ensure that a resident without pressure sores sure sores unless the 1 thing at a resident having 1 the same a resident having 1 the same a resident having 1 the same a resident having 1 the same a resident having 1 the same a resident having 1 the same a resident having 1 the same a resident having 1 the same a resident having 1 the same a resident having 1 the same a resident having 1 the same a resident having 1 the same a resident having 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the same a pressure ulcer and failed 1 the s			ay in sident re be be bund. bund tains ads An	6/6/12

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No other wounds  of a Physical Therapist April 25, 2012, revealed, ground walk or without the thigh brace on the shoe will have to be completed by the straps ose (loose). I told we them to be lose due to disping in the shoehas an orsal toe which is  of a Nursing Progress Note evealed, "weekly skin all spot with loose skin wound on back of left thigh		and 5/30/12 for all Rivegarding the new pactors of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the packet of the pac	Ns & LPNs cket. Any attended the not work until a in-service. were approved on 5/27/12.  Ind Care Nurse dents to ensure wounds could les Resident #6. Intified as  Care Nurse disto ensure ly addressed 5/29/12. The re and erviced six months a policy will of new 5/1/12.  Int the Wound ly to the ultimately the	
		d-aids. Resident ref loved for assessmen			Board quarterly. The no	ext scheduled	

DEPAR	-07 15:52 TMENT OF HEALTH RS FOR MEDICARE	DC0547PM13501 HAND HUMAN SERVICES & MEDICAID SERVICES	8	652125642 >>	FQF	M APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILL	LTIPLE CONSTRUCTION DING	(X3) DATE	O. 0938-039 SURVEY PLETED
		44E200	B. WING	·		R /05/2012
LAUREL	ROVIDER OR SUPPLIER BROOK SANITARIUM		s	TREET ADDRESS, CITY, STATE, 2 114 CAMPUS DRIVE DAYTON, TN 37321		105/2012
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i	inflammation noted around band-alds. No other wounds noted"  Medical record review of a wound assessment worksheet dated May 3, 2012, revealed 1st toe left foot with redness, 2nd toe left foot with redness, 3rd toe left foot measured 1.3 cm (centimeters) length and 1.2 cm width, wound base with eschar/slough.  Medical record review of a physician's order dated May 3, 2012, revealed, "Santyl to toes daily. Cover with light dressingVitamin C 500mg (milligrams) po (by mouth) BID (twice a day) x 2 wks (weeks) Zinc 200mg po Q (every) day x (times) 2 wks check Albumin level if lowstart protein powder 2 scoops Q day x 2 wks"  Medical record review of a Medication Record dated May 2012, revealed "Santyl to open wound on toes of L (left) foot Q day cover (with) light dressing" Further review of the Medication Record dated May 2012 revealed treatment to the toes was not initialed as provided until May 3, 2012.  Medical record review of a Nursing Progress Note dated May 6, 2012, revealed "Weekly skin assessment done3 toes on Lt (foot) have rub abrasions which are being treated as ordered"  Medical record review of a wound assessment worksheet dated May 9, 2012, revealed, "(left) footStage 2Eschar/Sloughfirst toe L (length)		{F 314	QAPI Committee me 6/20/12.  Resident #7	Č	
				Resident discharged for 2/4/2012  1) Upon notification of appropriate wound call #7, policies and procest reviewed by DON/Work Nurse on 5/28/12, reviewed to ensure all work addressed as soon as to A packet was develop Wound Care Nurse 5/		
d direction				contains a checklist for who finds the wound treatment. An in-servi provided on 5/29, 5/30 all RN & LPN's regar	or the nurse to initiate ce was 0, 5/31/12 for ding the new	
di a al M w				Wound Care packet. who has not attended a service cannot work u attended an in-service policies were implemed Committee on 5/27/12 updated in-service giv	the above in- ntil they have . Wound Care ented by QAPI and an en to nurses	
0.	1 (no depth)3rd to	epth) 02nd toe L 0.1 W b L 0.3 W 0.4 D 0" of a wound assessment		on 6/1/12 for impleme Exhibit	]	

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	Medical record review dated September 22 (patient) returned from ambulance at 6:30 p.  Medical record review Physician's Order from September 22, 2011 L. (left) leg decubitus orders"  Medical record review dated September 23, " Received report the facility with decubitus area, left heel (and) at Treatment nurse to elegard stage 2 ulce evaluation reveals the an unstageable ulcer Medical record review dated September 27, LLE (left lower extrem Aquacel Ag and Kerlin Medical record review Morksheet dated September 27, LLE (left lower extrem Medical record review Morksheet dated September 27, Medical record review Morksheet dated September 27, Medical record review Morksheet dated September 27, Medical record review Morksheet dated September 28, Medical record review Morksheet dated September 28, Medical record review Morksheet dated September 28, Medical record review Morksheet dated September 28, Medical record review Morksheet dated September 28, Medical record review Morksheet dated September 28, Medical record review Morksheet dated September 29, Medical record review Morksheet dated September 29, Medical record review Morksheet dated September 29, Medical record review Morksheet dated September 29, Medical record review Morksheet dated September 20, Medical record review Morksheet dated September 20, Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical record review Medical recor	sis, Diabetes, and scharged from the facility on w of a Nursing Progress Note , 2011, revealed, "Pt. im (named hospital) via .m" w of a Nursing Home im the hospital dated , revealed, "cont (continue) ulcer care perwound care w of a Nursing Progress Note 2011, revealed, at resident had returned to ulcers. Stage 1 to sacral ankle. Stage 2 to left calf. valuate (and) obtain MD ers for treatmentPlease er as noted above. Further at resident came back with" v of a Physician's Order 2011, revealed, "Santyl to nity) wounds, cover with	{F 314}	2) On 5/29/12, Wound assessed all other resid no other unidentified whe found. This included #6. No other residents inceding an order.  3) The DON/Wound Charles will monitor all wound all wounds are promptly and treated, effective 5 policies on Wound Carles Treatment will be in-sequarterly for the next since beginning 5/29/12. This be part of orientation of employees beginning 6.  4) The DON will report Care outcomes quarterly QAPI Committee and the Administrator will report QAPI Committee and the QAPI Committee meets 6/20/12.	ents to ensure younds could desident identified as are Nurse s to ensure y addressed /29/12. The e and erviced ix months is policy will for new /1/12.  If the Wound y to the elitimately the ext scheduled	

UET	MENT OF HE	DC054/PM13501 PLIH AND HUMAN SERVICES	<b>i</b>	8652125642 >>	4237756346	U: 06/07/201
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AND PL	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LDING .	(X3) DATE	
	100	44E200	B. WIN	10		R
	OF PROVIDER OR SUPPL			STREET ADDRESS, CITY, STATE	ZIP CODE	05/2012
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{F 31	Medical record re (undated) reveal cleaner, santyl to (and) cover (with clean (with) wour Ag (and) cover (vaspect: santyl to (and) kerlix" Cotreatment was no 27th. (September	eview of the Treatment Record ed, "L heel-clean (with) wound Eschar. Cover with Aquacel Aq. (ed, "L heel-clean (with) wound Eschar. Cover with Aquacel Aq. (every) dayL ankle: nd cleaner apply santyl, Aquace with) kerlixL calf-posterior wound, cover (with) Aquacel Agontinued review revealed it initialed as provided until the 1, 2011)	d d	4}		
	dated January 27 Integrity No altera					
	Director of Nursing confirmed wound	8, 2012, at 8:40 a.m., with the g, in the therapy room, care was not provided until vere obtained on September 27				
	Wound Care Nurs confirmed the nurs	14, 2012, at 11:25 a.m., with the e, at the nursing station, se was not aware of the wound discharged from the hospital on 11.				
	c/o #28639 483.25(h) FREE O HAZARDS/SUPER		{F 323}			
	environment remai as is possible; and	nsure that the resident ns as free of accident hazards each resident receives on and assistance devices to				- 1

UE	MMK	-07 15:53 IMENT OF HEALT RS FOR MEDICAR	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES		8652125642 >> 4	237756346	P 65/118
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LAUI	RELI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, SYATE, ZIP C 114 CAMPUS DRIVE DAYTON, TN 37321	06/	05/2012
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{F 31	M da in Inco	Medical record revieundated) revealed, deaner, santyl to Estand) cover (with) kelean (with) wound city (and) cover (with) spect: santyl to wound in the continuation of the continuation of the cover (with) spect: santyl to wound self. (September, 20 edical record review atted January 27, 20 tegrity No alterations terview on May 8, 20 rector of Nursing, in nfirmed wound care	charL calfLength 1.7 cm 0 cmSlough"  w of the Treatment Record "L heel-clean (with) wound char. Cover with Aquacel Agrifix Q (every) dayL ankle: leaner apply santyl, Aquacel kerlixL calf-posterior nd, cover (with) Aquacel Agried review revealed tialed as provided until the 11)  of a Progress Note Report 12, revealed, "Skin s"		14)		
	Int Wo	erview on May 14, 2 bund Care Nurse, at offirmed the nurse wa	012, at 11:25 a.m., with the the nursing station, as not aware of the wound harged from the hospital on				
(F 323) SS=E	483	#28839 3.25(h) FREE OF AC ZARDS/SUPERVIS	CCIDENT ION/DEVICES	{F 323}	F323 483.25(h) Free of a hazards/supervision/dev		/ /12
	env as i	s possible; and each	s free of accident hazards		After being informed facilities failure to ensure resident's environment re	that the	

CENTE	RS FOR MEDICARE	DC0547PM13501 H AND HUMAN SERVICES & MEDICAID SERVICES	8	652125642 >>	FOI	EU! 06/07/201	
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION	(X3) DATE	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
L		44E200	8. WING	**************************************	}	R	
1	PROVIDER OR SUPPLIER BROOK SANITARIUM			TREET ADDRESS, CITY, STATE, Z 114 CAMPUS DRIVE DAYTON, TN 37321		3/05/2012	
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{F 323}	Continued From pag prevent accidents.	ge 62	{F 323]	free of accident hazar possible; and each res adequate supervision devices to prevent acc following was put in	sident receives and assistance cidents, the		
T C C C C T Night T V C T an	by: Based on medical refacility policy, review review of the manufa observation, and interprovide supervision to (#5, #4, #18, #3, #2, residents of twenty-servidents placed residents placed residents placed residents placed residents placed residents placed residents placed residents placed residents placed residents placed residents placed residents placed with concompliance with concompliance with concompliance on May 3 conducted on June 4 corrective actions implemoved the Immedia Ion-compliance for Flaced citation (potential arm).  The findings included: Calidation of the Credition pliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance was accompliance w	rview, the facility failed to oprevent accidents for eight #14, #19, #21, #26) even residents reviewed. It is supervise to prevent dents #18, #3, #2, #4, #14, to Jeopardy. (Immediate in which the provider's the or more requirements of sed or is likely to cause impairment or death).  Credible Allegation of 0, 2012. A revisit - June 5, 2012, revealed the lemented on May 30, 2012, to Jeopardy.  323 continues at an "E" for more than minimal ble Allegation of mplished through medical atton, facility policy review.		Resident # 5  Resident # 5 discharge  On 5/27/12 the DON developed new Behav Management and Mon Policies to address residentified as having pubehaviors that would psychiatric consultation behavioral management policies include Behav Assessment and Moni Restraints and Unman Residents. Residents as a history of impaired of problematic behaviors illness will have a Ger Practitioner Consult (in policy). Policies were Medical Director and Committee on 5/27/12  In-services were condurevised Behavior Management	revised and rior nitoring sidents roblematic need on and nt. These vior toring, use of ageable admitted with cognition, or mental copsych noted in approved by QA		

DC0547PM13501 8652125642 >> 2012-06-07 15:53 4237756346 P 67/118 PRINTED: 08/07/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X3) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Policies and Guidelines for (F 323) Continued From page 63 (F 323) Notification of Physician for Problematic Behaviors and other The facility provided evidence Resident #5 was issues that address residents not discharged from the facility on February 5, 2011. responding satisfactorily to treatments on 5/28/12 & 5/29/12. The facility provided evidence of a revised Behavioral Management Program, specific to Inservices given to all RN's, LPN's, Residents with problematic behavioral needs CNA's, Housekeeping, Dietary, requiring psychiatric and behavioral Social Worker, Maintance, management. Included in this program were Activities Director, Laundry, PT, Behavioral Assessment and Monitoring; Office Staff, Administrator, Feeding Unmanageable Residents; Guidelines for Physician Notification; and Use of Restraints. Assists. Staff not in attendance will no be able to work until inservices The Medical Director evaluated all Residents with are complete. DON/RN will oversee psychoactive medications and Residents with inservices and report to QA/PI. behavioral diagnoses; and the Geriopsych provider consulted with Residents with a history of impaired cognition, behavioral episodes, and/or Resident #4 mental illness. The facility provided evidence of completed Side The resident was treated at the Rail Assessments, Pre-Restraint and Restraints hospital following incident and Assessments, and Informed Consents for returned to the facility on 2/5/2011. restraint usage. Facility policies identify Side Rail Assessments will be completed upon admission and quarterly, thereafter. Pre-Restraint On 05/27/12 the DON revised and Assessments will be completed prior to restraint developed new Behavior application; and Restraint: Assessments will be Management and Monitoring completed quarterly.

FORM CMS-2567(02-99) Previous Versions Obsolete

The facility's Fall Prevention Program included

interventions to prevent falls; Fall Checklist;

Prevention and Potential Interventions" and

Post-Fall Nursing Assessment; Post-Fall

Investigation; Occurrence Investigation

approaches to evaluate and identify appropriate

Statement; and Physical Therapist Screen (Residents with falls). The program included "Fall

Event ID: G6LS12

Facility ID: TN7201

Policies to address problematic

resident behaviors that need

psychiatric consultation and

behavior management. These

policies include the following:

Behavior Assessment and Monitoring; Unmanageable

If continuation sheet Page 64 of 101

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Vidence of in-services procedures for Behavior toring Program; Incidents revention Program (Falling and Management, Accident Protocol for Conducting the head injury and/or did Hoyer Lift and Transfers. Sidents throughout the facility staff approached lately with the Residents, is Behavioral Management beservation of random and/or restraints, collcies were followed in int usage, to include est and least restrictive	{F 323	Residents Residents a	dmitted with ognition, or mental opsych oted in approved by QA Inservices to all RN's, seeping, aff, Assists. will no be vices are all oversee QA/PI.	

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			F 32	3	rails were applied on 5/17/1 Resident was placed on a net facility bed that allowed starplace bed in low position.  Use of Restraint policy was developed by DON and app the Medical Director and Qa Committee on 5/27/12. No recan be applied without appred DON/ Medical Director.  Inservices given 5/27/2012 5/30/2012 to all RN's, LPN CNA's, Housekeeping, Diet Social Worker, Maintenance Activities Director, Laundry Office Staff, Administrator, Assists. Staff not in attendant no be able to work until inseare complete. DON/RN will inservices and report to QA/Resident #3 & #2  Resident #3 & #2  Resident #3 is no longer and at the facility.  The Abuse Investigation and Incident and Accident, Investigation and Reporting policies were reviewed and revised by the and Healthcare Consultant of the start was placed in the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of	roved by A restraints oval of 2-2, PT, Feeding nee will ervices oversee PI.	
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			F 32.	:3	5/27/12. The Healthcare Coinserviced these policies with DON, Administrator and McDirector on 5/28/12 emphas importance of timely investigand capturing all incidents. Inservices given on 5/27/12-to all RN's, LPN's, CNA's, Housekeeping, Dietary, Soc Worker, Maintance, Activitic Director, Laundry, PT, Office Administrator, Feeding Assist Staff not in attendance will able to work until inservices complete. DON/RN will over inservices and report to QA/Exhibit # 20  Resident # 2, #14, #19, #26  A Falls Prevention Program The Falling Leaf Program we developed by the interdiscipteam in January 2012 and Pl Therapy is responsible for the program. This has been reviand revised on 5/27/12 to prestaff and interdisciplinary temembers with an approach the evaluating and identifying appropriate interventions.	th the edical izing the gations -5/30/12 ial es ce Staff, ists. no be are ersee (PI. called vas alinary hysical nis ewed ovide am	
1 4 F O D 4 T O D V	DIRECTOR'S OF PROVIDER'S	SUPPLIER REPRESENTATIVE'S SIGNATURE	Ē		TITLE		(X6) DATE

PRINTED: 06/07/2012 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

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	DESTANCE OF PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE	F 32	New forms and revised pro- investigating falls have be developed and implemente 5/28/12. Fall checklist, por Nursing Assessment, post Investigation, Occurrence Investigation Statement we approved by the DON, Administration and Medic Director on 5/28/12. Beginning 5/28/12 the Phy Therapist began screening with falls. The revised post Fall Inver Form has possible Prevent Measures and suggested interventions that can aid I staff with implementing ap interventions. Also Fall Pr and Potential Interventions Strategies for Reducing th Falls were posted at the N Station as a resource for se interventions if a fall occu was done 5/29/12 by DON The Falls Prevention Prog includes a quarterly assess resident rooms and bath ec conducted by maintenance needed repairs. This asses was begun January 2012 a 05/29/2012 to capture the	en ed st fall Fall ere al sical residents etigation ative evention and e Risk for arsing election of rs. This is ram ment of quipment estaff for esment	(X6) DATE
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Facility ID: TN7201

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			F 32	3	appropriate documentation to repairs.  Inservices given; 5/27/201	2-	
					5/30/2012 to all RN's, LPN CNA's, Housekeeping, Diet Social Worker, Maintenance Activities Director, Laundry Office Staff, Administrator, Assists. Staff not in attendary	tary, e, v, PT, Feeding	
	-				not be able to work until ins are complete. DON/RN will inservices and report to QA	ervices l oversee /PI.	
					The newly created falls che- has a notation to remind the notify PT of falls.	staff to	
					The Falls Prevention and Polinterventions were placed a nurse's station 5/28/12. New and revised process for investigation forms were in to RN's, LPN's, and CNA's 5/28/12-5/30/12 by DON at RN/BSN.	t the w forms estigating st falls serviced s	
					The DON is responsible for overall Falls Prevention Proeffective 5/29/2012.		
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		ULTIPLE ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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AND MARY NECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNATURE	F 323	The Accident and Incidents Protocol policy for conduct Neuro checks following incomplete residents may have a head injury during the fall of witnessed fall, was revised facility policy. All resident experiencing falls will be infor 72 hours including Neurocording to facility policy or designee will monitor the process effective 5/16/12. In-services given 5/27/20/5/30/2012 on Fall Prevention Program, Accident/Incident checks to all RN's, LPN's, Housekeeping, Dietary, So Worker, Maintenance, Actin Director, Laundry, PT, Off Administrator, Feeding As Staff not in attendance will able to work until in-service complete. DON/RN will observices and report to QA/1/12. Resident # 21  After being informed by so that CNA #12 had transport Resident # 21 from shower that CNA #12 had transport Resident # 21 from shower that CNA #12 had transport Resident # 21 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower that CNA #12 from shower t	ing sidents suffered or an un- to follow is nonitored ro checks DON is 12- on ts; Neuro CNA's, cial ivities ice Staff, sists. not be ses are versee in- PL	(X6) DATE

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			F 32	3	a Hoyer lift, with the wrong the DON conducted a teach moment with CNA #12 on and other staff working that teaching that residents must transported down the hallwaresidents are in the Hoyer lift Hoyer lift policy was reviewall staff working on the 7-3 shift by the DON on 5/16/13 other licensed staff were the inserviced between 5/27/12  Exhibit # 23  2) The DON reviewed the deficiencies stated in the 25 identify in-services needed address each tag cited. Insegiven from 5/27/2012-5/30 Hoyer Lift to all RN's, LPN CNA's,. Staff not in attendant be able to work until inservices and report to QA All residents received a Sid Assessment by a licensed in determine appropriate use or rails and restraints on those residents identified as being restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained by the use of side restrained restrained by the use of side restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrained restrai	able 5/14/12 day not be ay when ft. The wed with and 3-11 2. All en -5/30/12.  67 to and to ervices /on N's, ance will services l oversee /PI. e Rail urse to of side	
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			F 3.	23	Geri chairs, merry-walkers specialized wheelchairs. The received a pre-restraint ass and an informed consent wobtained. This process was on 5/15/12 and was comple 5/29/12 with Medical Dire DON approval. Inservices 5/27/2012-5/30/2012 on Remanagement; Side Rail Assessment and Managem RN's, LPN's, CNA's. Staff attendance will not be able until in-services are comple DON/RN will oversee insand report to QA/PI.  Exhibit # 9  The following policies or procedures have been charthe DON and approved by Director and QA Committed 5/27/12 to address these deand practices:  -Use of Restraints -Behavior Assessment and Monitoring -Side rail Assessment on A and Quarterly -Abuse Investigation -Resident Rights	ney essment as s begun eted on etor and given estraint sessment; avior ent to all f not in to work ete. ervices	
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LABORATORY	DIRECTOR'S OR PROVIDER	VSUPPLIER REPRESENTATIVE'S SIGNATURE	F 323	Inservices given 5/27/2012 5/30/2012 on Use of Restrain Behavior Assessment and Monitoring; Side Rail Assess Admission and Quarterly; Investigation to all RN's, L CNA's. Resident Rights was to all Housekeeping, Dietary Worker, Maintenance, Activ Director, Laundry, PT, Offin Administrator, Feeding Ass Staff not in attendance will able to work until inservices complete. DON/RN will over inservices and report to QA Exhibit # 10  Teachable moments/in-services were conducted by DON or and 5/25/12 on the following -Resident Rights and Dignit-Restraints ie Seclusion -Abuse/Seclusion for Resident Accident and Supervision -Behavior Management  Inservices given 5/27/2013 5/30/2012 to all RN's, LPN CNA's, Housekeeping, Dietary CNA's, Housekeeping, Dietary CNA's Administratory (CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA's CNA	ins; ssment, PN's, s given y, Social vities ce Staff, ists. no be s are ersee /PI.  ices n 5/24 ag topics: ty ent #1	(X6) DATÉ
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			F 323		Social Worker, Maintenance Activities Director, Laundry Office Staff, Administrator, Assists. Staff not in attendance are complete. DON/RN will inservices and report to QA.  Exhibit # 11  Beginning 5/22/12 the Phys Therapist began screening rwith falls to assist with identappropriate interventions. The newly created falls cheprovides the notification as reminder to the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the staff to PT of the st	e, Y, PT, Feeding nce will ervices loversee /PI.  ical esidents tifying cklist a of falls. es to log and ner. A 12, des PT bed new nd skin igation entions.	
					The Office Manager will make list of new employees with		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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{F 363} SS=F	revisit confirmed the related to Behavior Program; Incidents Prevention Program and Management; and Management; and Management; and Transfers.  Interview of the Engrey of the Fall Prevention confirmed, to ensure compliance, Occurraction to include deficient practice decorrection to include deficient practice decorrective measures evaluated by the Quality and the National Academy of Science and be followed.  This REQUIREMENTS:	dom facility staff during the ey had received in-services Assessment and Monitoring and Accidents; Falls In (Falling Leaf); Restraint Use Accident and Incidents Clinical citing Neuro-Checks (falls with in-witnessed falls); and Hoyer  Director of Nursing confirmed of Incidents and Accidents and Program. Continued interview e continuity in the facility's ences and Incidents and wed daily, Monday thru Friday, days.  In out of compliance at an "E" is an acceptable Plan of e monitoring to ensure the es not recur and the facility's is could be reviewed and itality Assurance Committee.  MEET RES NEEDS/PREP IN NED  The nutritional needs of ance with the recommended of the Food and Nutrition al Research Council, National es; be prepared in advance;	{F 363}	abuse registry checks. No emwill be able to begin work un registry checks are complete. Will be monitored by the Administrator monthly.  4) The DON will report the outcomes of accident and incinvestigations. The Office Mill report on abuse registry to the quarterly QAPI Command ultimately the Administration will report to the Board quart The next scheduled QAPI Committee meeting is 6/20/1	ident anager checks ittee ator		
1	Based on observati	on,interview, review of					

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{F 363}	revisit confirmed the related to Behavior Program; Incidents Prevention Program and Management; Protocol for Condulhead injury and/or Lift and Transfers.  Interview with the Expersonal oversight the Fall Prevention confirmed, to ensure compliance, Occurred Accidents are revieduring normal work.  The facility will remained the fall provides Corrective measures evaluated by the Gut 483.35(c) MENUS INDVANCE/FOLLOW Menus must meet the residents in accorded dietary allowances and be followed.  This REQUIREMENTS.	dom facility staff during the ley had received in-services. Assessment and Monitoring and Accidents; Falls in (Falling Leaf); Restraint Use Accident and Incidents Clinical cting Neuro-Checks (falls with un-witnessed falls); and Hoyer Director of Nursing confirmed of Incidents and Accidents and Program. Continued interview in the facility's rences and Incidents and wed daily, Monday thru Friday, days.  ain out of compliance at an "E" is an acceptable Plan of its monitoring to ensure the des not recur and the facility's could be reviewed and sality Assurance Committee, MEET RES NEEDS/PREF IN		F363 483.35 (c)	op by ed by f viced ese to use
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TRINIEU, UDIVITAVIA DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM **DAYTON, TN 37321** PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX COMPLETION DATE (X4) ID PREFIX TAG TAG DEFICIENCY Beginning 6/1/12The Dietary Continued From page 67 (F 363) {F 363} Manager will maintain a copy of the substituted with a regular pureed desert and weekly menu and will check two approved by the Dietary Manager. meals per week by doing the following: (1) checking five resident Review of Resident Council meeting minutes for trays in the dinning room or May 9, 2012, revealed complaints from residents regarding dietary menus not being followed. resident's room against the menu. (2) looking for any substitutions. Interviews with residents in the group meeting on Any Substitute menu items will be May 14, 2012, at 3:00 p.m., revealed complaints written on the current menu for from all five residents present about the facility not following the planned menus. tracking the number of substitutions. Observation on May 14, 2012, at 11:20 a.m., in 4) The dietary manager will report the dietary department, revealed the following outcomes of monitoring menus and items were being served for lunch: linkett casserole, mashed potatoes, carrots and peas preparations to the Quarterly QA/PI (substituted for green beans), carrot salad, and committee and the administrator pureed tomatoes, and pureed fiber protein. will report to the board quarterly. The next scheduled QAPI Review of the planned menu for May 14, 2012, signed by the RD revealed: linkett casserole, Committee meeting is 6/20/12. green beans, bread and butter, cole slaw, frosted pineapple, and cookies. Observation on May 15, 2012, at 11:30 a.m., in the dietary department revealed the following items were served for lunch: chicken tetrazzini (substituted for lentil loaf), collard greens, bread and butter (substituted for mashed potatoes and gravy), and pureed diced tomatoes. Review of the planned menu for May 15, 2012. signed by the RD revealed; lentil loaf, mash potatoes, gravy, collard greens, bread and butter, diced tomatoes, and fruit cocktail cake. Interview with the Dietary Manager on May 15,

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2012, at 1:20 p.m., in the dietary department,

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	and the pureed diet which had been serve previous day, and die menu.	ed menus were not followed always consisted of the items red on the regular menu the ffered from the day's regular	{F 363}			
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	attending physician.	is not met as evidenced				
	and interview, the fac	o residents (#23, and #24)				
í	The findings included	:				
:	Resident #23 was adr diagnoses including D	nitted to the facility with ementia and Osteoporosis.				
1	(MDS) dated March 16 resident was severely making, inattention co dependent on staff for	impaired for daily decision ntinuously present, totally eating, no swallowing tely cavity or broken natural				
ļ N	Medical record review	of a Resident Plan of Care	i		ļ	

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{F 367} ss=D	and the pureed diet which had been sen previous day, and dismenu. 483.35(e) THERAPE BY PHYSICIAN Therapeutic diets muattending physician. This REQUIREMENT by:	ed menus were not followed always consisted of the items yed on the regular menu the ffered from the day's regular EUTIC DIET PRESCRIBED ust be prescribed by the	{F 363	F367 483.35(e) Therapeut Prescribed by Physician  Resident #23 1) Upon being made aware #16 practice of feeding Resident #23, the DON in-serviced hoother CNA's, on 5/14/12	of CNA dent er, and	6/6′12
i i	therapeutic diet for tw of twenty-seven resid The findings included	o residents (#23, and #24) ents reviewed.		concerning the discontinuation syringe feeding practice with physician order and how to put thicken residents food. Use of feeding devices such as use of	out a properly of	
t t	diagnoses including D Medical record review (MDS) dated March 1st resident was severely making, inattention co dependent on staff for disorder, obvious or like eeth, and on a mecha Medical record review Plan last reviewed on a massist with feeding a hickened liquid 2/7/12	of the Mimimum Data Set 5, 2012, revealed the impaired for daily decision ntinuously present, totally eating, no swallowing kely cavity or broken natural anically altered diet.  of an Interdisciplinary Care June 16, 2011, revealed, as neededhoney		syringes must be approved by prior to using special devices was added to the policy "Assemble with Meals" and in-services aprovided to each RN, LPN, & CNA's 5/27/12-5/30/12. An RN/LPN/CNA who has not at the above in-service cannot wuntil they have attended an inservice. DON assessed reside feeding device and family not and d/c'd on 5/17/12.	s. This sistance were & y uttended work arent for	
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LAURELBROOK SANITARIUM  STREET ADDRESS, CITY, STATE, ZIP CODE  114 CAMPUS DRIVE DAYTON, TN 37321  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  [F 367] Continued From page 69 Instructions, no date, revealed, "can be fed Using a syringe."  STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION)  [F 367] Continued From page 69 Instructions, no date, revealed, "can be fed Using a syringe."	(X5)
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  {F 367} Continued From page 69  Instructions, no date, revealed, "can be fed using a syringe."  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG	COMPLETION DATE
Instructions, no date, revealed, "can be fed DON/ADON observed all other	
Medical record review of a Physician Orders for Scope of Treatment (POST) dated September 11, 2009, revealed "feeding tube for a defined trial period"  Medical record review of a Physician Recapitulation Orders dated May 2012, revealed, "Diet - N/A (non applicable) honey thickened liquids"  were being fed with a syringe. Inservice on "Assistance with Meals' were provided to each RN, LPN, & CNA's 5/27/12-5/30/12. Any RN/LPN/CNA who has not attended the above in-service cannot work until they have attended an inservice.	
Medical record review of Mobile Dental Services notes dated March 8, 2011, March 29, 2011, May 18, 2011, September 15, 2011, and January 5, 2012, revealed the resident had been treated.  Medical record review of a Nurse's Note dated September 15, 2011, at 1:00 p.m., revealed a care plan meeting by way of telephone with the resident's daughter and no indication the resident was to be fed by a syringe.  3) The DON/ADON will monitor monthly residents requiring assistance with eating to ensure that no resident is being fed with a syringe without physician order and proper evaluation by Speech Therapist beginning 6/1/2012.	
Medical record review of a Dietary Manager note dated September 15, 2011, at 2:45 p.m., revealed, "complete feed and at times requires a syringe to feed"  Medical record review of a Dietician note dated September 22, 2011, at 9:33 a.m., revealed, "fed with syringe as needed"  Medical record review of a Dietician note dated December 28, 2011, at 9:40 a.m., revealed, "continue POC (plan of care)"  Medical record review of a Dietician note dated December 28, 2011, at 9:40 a.m., revealed, "continue POC (plan of care)"  Medical record review of a Dietician note dated meeting is 6/20/12.	

2012-06-07 15:55 DC0547PM13501 8652125642 >> 4237756346 P 74/118 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/07/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG (F 367) | Continued From page 70 {F 367} Resident #24 March 26, 2012, at 4:13 p.m., revealed, "...honey thick liquids...vegan/pureed...fed with syringe but 1) Resident #24 was assessed on sometimes won't open mouth ... " 5/17/12 by the DON for need to use Observation on May 15, 2012, at 8:05 a.m., in the a syringe for eating her food. DON activity room, revealed Resident #23 sitting in a in-serviced all RNs, LPNs, & CNAs wheel chair, Certified Nurse Aide (CNA) #16 on 5/27/12-5/30/12 concerning use feeding the resident with a sixty cc (cubic of syringes for residents with out an centimeters) syringe. order from MD or Speech Therapist. Interview with CNA #16 on May 15, 2012, at 8:10 Any RN/LPN/CNA who has not a.m., revealed the syringe contained pureed attended the above in-service cannot oatmeal, peanut butter, and milk. work until they have attended an in-Observation with the Director of Nursing (DON) service. Resident #24 was assessed on May 15, 2012, at 8:18 a.m., in the activity by DON for need of feeding device, room, revealed CNA student #1 feeding resident family notified, and device d/c'd on #23 with a syringe containing milk that had not 5/17/12. been thickened and the DON instructed the student to thicken the milk. 2) On 5/15/12 to 5/16/12, DON or Interview with the CNA Instructor on May 15, designee observed all other 2012, at 9:50 a.m., in the front office, confirmed residents and no other residents CNA student #1 had not been trained to feed with a syringe. were being fed with a syringe. Inservice concerning feeding of Resident #24 was admitted to the facility on May residents were provided to all RNs, 1, 2009, with diagnoses including Cardiovascular Accident, Contracture, and Pain. LPNs, & CNAs on 5/27/12-5/30/12. Any RN/LPN/CNA who has not Medical record review of a MDS dated March 22. attended the above in-service cannot 2012, revealed the resident was severely work until they have attended an inimpaired for daily decision making, inattention service. fluctuates, totally dependent on staff for eating, no swallowing disorder, and on a mechanically

Medical record review of the Interdisciplinary

altered diet.

3) The DON or designee will monitor monthly to ensure that no

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	AND HUMAN SERVICES RE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	AMEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X2) MULL A BUILD  44E200  ER  (X2) MULL A BUILD A STATEMENT OF DEFICIENCIES (X2) MULL R LSC IDENTIFYING INFORMATION)  PREFIX TAG  (F 367)  March 22, 2012, revealed, altered diettolerate consistency vidence of chokingpureed diet all bitesremind to for S/SX (signs and symptoms) sippy cup for all liquids"  view of a Physician ders dated May 2012, revealed, oney thickened liquids"  view of a Physician Orders for ent (POST) dated May 1, 2009, eding tube"  view of a Dietary note dated at 11:43 a.m., revealed, "some and won't eat at all or very little"  view of a Dietitian note dated at 18:54 a.m., revealed, "takesreceiving honey thick  ay 15, 2012, at 11:30 a.m., in an, revealed CNA #16 feeding 60 cc syringe and a straw for  a #16 on May 15, 2012, at dietident's pureed food so it the syringe.  DON on May 15, 2012, at 10:30  effice, confirmed the facility	ATTO HUMAN SERVICES  RE & MEDICAID SERVICES  (X1) PROVIDERSUPPLIERICLA IDENTIFICATION NUMBER:  44E200  B. WING  STREET ADDRESS, CITY, STATE, 114 CAMPUS DRIVE DAYTON, TN 37321  PROVIDERS PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)  PAGE CR.  WING  STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)  PAGE CR.  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	PROVIDER OR SUPPLIER BROOK SANITARIU	м	11	EET ADDRESS, CITY, STAT 14 CAMPUS DRIVE AYTON, TN 37321		03/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCE)	N OF CORRECTION E ACTION SHOULD BE O TO THE APPROPRIATE CIENCY)	(XS) COMPLETION DATE
{F 371} SS=F	syringe feeding res Continued interview Medical Director ha with resident #23 a therapeutic diet wa #23's diet with thin with thin water. 483.35(i) FOOD PE STORE/PREPARE The facility must - (1) Procure food fro considered satisfac authorities; and	or care plan intervention for idents #23 and #24.  v at this time confirmed the ad not addressed feeding tubes not #24's families; and the saltered by thinning resident milk and resident #24's diet  ROCURE, /SERVE - SANITARY  om sources approved or tory by Federal, State or local distribute and serve food	{F 367}			
	by: Based on observation and food department. The findings include Doservation of the observation  interview the facility litary conditions in the food distorage areas of the dietary department on May 14, until 10:15 a.m., revealed in rep table were two open ers and graham crackers, ed, the shelf was dirty with e missing on the backsplash arther observation revealed a					

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FINITEN: VOIVIIGUIG DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM **DAYTON, TN 37321** PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX ID PREFIX COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (F 367). Continued From page 72 {F 367} screen or evaluate, or care plan intervention for syringe feeding residents #23 and #24. · Continued interview at this time confirmed the Medical Director had not addressed feeding tubes with resident #23 and #24's families; and the therapeutic diet was altered by thinning resident #23's diet with thin milk and resident #24's diet with thin water. (F 371) F371 483.35(i) Food Procure, {F 371} 483.35(i) FOOD PROCURE, 6/6/12 SS=F STORE/PREPARE/SERVE - SANITARY Store/Prepare/Serve-Sanitary ! The facility must -On 5/28/12 the following (1) Procure food from sources approved or items were cleaned and/or fixed by considered satisfactory by Federal, State or local authorities: and the kitchen staff. (2) Store, prepare, distribute and serve food Juicer, microwave plate, two under sanitary conditions ovens and backsplash have been cleaned. The air conditioner has been cleaned. This REQUIREMENT is not met as evidenced 6-door refrigerator doors have been cleaned and trim fixed. Based on observation and interview the facility Replaced stainless steel failed to provide sanitary conditions in the food containers with plastic storage preparation and food storage areas of the dietary containers. department. The findings included: Food items: Vanilla wafers, graham crackers Observation of the dietary department on May 14, 2012, from 9:50 a.m. until 10:15 a.m., revealed in were placed in ziplock bags and a cabinet over the prep table were two open dated. boxes of vanilla wafers and graham crackers, Personal food item removed unsealed and undated, the shelf was dirty with debris, and tiles were missing on the backsplash of the prep table. Further observation revealed a

	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:	(X.)	BUILDING	COME	PLETED
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NAME OF PR	OVIDER OR SUPPLI	ER	_	STREET ADDRESS, CITY, STATE, ZIP CO		35/2012
LAURELBRO	OK SANITARIUM			114 CAMPUS DRIVE DAYTON, TN 37321		
(X4) ID PREFIX TAG	SUMMARY STAT	EMENT OF DEFFICIENCIES F	ID REF TAG	PROVIDERS PLAN OF CORRE IX (EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETION DATE
			737	<ul> <li>2) On 5/31/12 the Dietary in-serviced 100% of the distaff on the following:</li> <li>All opened food items placed in sealed contain dated.</li> <li>Supervisor to check all for cleanliness at the enshift prior to dietary staleaving for the day.</li> <li>Cleaning of air conditions been added to weekly lawdenesday and in-serviced.</li> <li>In-serviced that no persitems to be stored in king refrigerators and all ite dating when placed in a refrigerator in the facility.</li> <li>3) On 5/31/12 Dietary Maserviced "Daily Check List supervisors. On 5/31/12 the following process was began Dietary Manager will reviee Check List's " on a weekly and will do a weekly walk to rounds checking each item list.</li> </ul>	must be mer and items and of the aff oner has ist on viced. insonal tchen ms need any ity. mager inwith e in, the w "Daily basis hru	(X6) DATE
LABORATORY DIF	RECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		IIILE		(NO) DATE

CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3)	MB NO. 0938-039- 3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER  LAURELBROOK SANITARIUM  STREET ADDRESS, CITY, STAYE, ZIP CODE  114 CAMPUS DRIVE  DAYTON, TN 37321  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX: (FACH DEFICIENCY MUST BE DECORDED BY SIGN)  ID PROVIDER'S PLAN OF CORRECTION	
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(F 371) Continued From page 73  juicer with dried food debris on the shaft, a mixer with dried food debris, the microwave plate had dried food debris and the microwave table was dired food debris and the microwave table was dired. The covered had been dired, the two ovens had food buildup inside, and the backsplash behind the burners had build up of black debris. Observation in the food preparation area revealed a window unit air conditioner with a dusty grill blowing in the food preparation area. Observation of the reach in cooler revealed six of six doors had mold on the door seals, the bottom center compartment had a trim piece missing, and one staff had personal food items stored in the cooler, undated.  Observation of the dry storage area revealed seventeen stainless steel containers with a black sticky build up on the exterior of the canisters.  Interview with the Dietary Manager on May 14, 2012, from 10:05 a.m. until 10:10 a.m., in the dietary department, confirmed open food items were to be sealed and dated, the dietary equipment and air conditioner was in need of cleaning, the reach in refrigerator seals needed replacing, and staff food was not to be stored in the resident refrigerator.  (F 406)  If specialized rehabilitative services such as, but not limited to, physical therapy, and mental health rehabilitative services for obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services, or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.	API y the

UEYAI	5-07 15:57 XIMENI OF HEALTH ERS FOR MEDICARE	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES	8		6346 P 77/118 PRINTED: 06/07/201 FORM APPROVE
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILD	LTIPLE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
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		I AND HUMAN SERVICES  & MEDICAID SERVICES			FORM	APPROVED
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	by: Based on faciltiy in record review, and i obtain and/or provide	ge 74  IT is not met as evidenced vestigation review, medical interview, the facility falled to e specialized mental health es for one resident (#5) of	(F 406)	to address residents identified having problematic behaviors would need psychiatric constand behavioral management. policies include Behavior Assessment and Monitoring, Restraints, and Unmanageable Residents. Residents admitted	s that ultation These use of le d with	
1 · · · · · · · · · · · · · · · · · · ·	twenty-seven reside The facility's failure Immediate Jeopardy provider's non-comp	placed resident #4 in (a situation in which the claim with one or more claim to has caused, or is us injury, harm, impairment,		a history of impaired cognitic problematic behaviors, or me illness will have a Geropsych Practitioner Consult (noted in policy). Policies were appro- Medical Director and QA Committee on 5/27/12.	ental 1 1	
	Compliance on May conducted on June corrective actions in removed the Immed Non-compliance for level citation (potent harm).  The findings include Validation of the Cre Compliance was accrecord review, observed interviews with administrative staff.  The facility provided discharged from the	4 - June 5, 2012, revealed the iplemented on May 30, 2012, iate Jeopardy. F-406 continues at a "D" ial for more than minimal d:		Exhibit # 19 Exhibit # 10  In-services were conducted or revised Behavior Managemer Policies and Guidelines for Notification of Physician for Problematic Behaviors and or issues conducted by RN/BSN LPN's, CNA's, Housekeepin Dietary, Social Worker, Main Activities Director, Laundry, Office Staff, Administrator, I Assists. Staff not in attendance no be able to work until inser	ther I. RN, g, ntance, PT, Feeding ce will	

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2012-06-07 15:57 DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEPICIENCIES (IT) PROVIDER OR SUPPLIER  LAURELBROOK SANITARIUM  ABUIDING  R  GLAWARY STATEMENT OF DESCRIPTION NUMBER:  AUTION, THIS 37321   JOAN DEPICE (SEACH DEPICION NUMBER)  AUTION, THIS 37321  JOAN DEPICE (SEACH DEPICION NUMBER)  AUTION, THIS 37321  JOAN DEPICE (SEACH DEPICION NUMBER)  AUTION, THIS 37321  JOAN DEPICE (SEACH DEPICION NUMBER)  AUTION, THIS 37321  JOAN DEPICE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE ON THE APPROPRIATE COMPLETE O	CENTER	S FOR MEDICARE	& MEDICAID SERVICES			REPORTS AND A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STAT	OMB NO	0938-0391
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### (F 406)   Continued From page 75   related to policies and procedures for Abuse, to include: Reporting Abuse/Alleged Abuse to Facility Management, Resident-to-Resident Altercations; Abuse Investigations; and Behavior Assessment and Monitoring Program.  The Medical Director evaluated all Residents with psychoactive medications and Residents with phavioral diagnoses; and the Geriopsych provider consulted with Residents with Director of Nursing, and the Minimum Data Set Coordinator assessed all remaining Residents to ensure appropriate services were being provided.  The facility provided evidence of a Psych Services Provider contract specifying every other week psych visits to address Residents with impaired cognition, behavioral episodes, and/or mental illness.  The facility provided evidence of a Psych Services Provider contract specifying every other week psych visits to address Residents with impaired cognition, behavioral episodes, and/or mental illness.  The facility provided evidence of a Psych Services Provider contract specifying every other week psych visits to address Residents with impaired cognition, behavioral episodes, and/or mental illness.  The facility provided evidence of a Psych Services Provider contract specifying every other week psych visits to address Residents with impaired cognition, behavioral episodes, and/or mental illness.  Observation of the Residents throughout the follow-up visit revealed facility staff approached and interacted appropriate behavioral and approved by the Medical Director, Administrator and QA Committee on 5/27/121. Inservices conducted 5/27/122. Inservices conducted 5/27/122. Inservices conducted 5/27/125/30/12, for all RN's, LPN's, CNA's, Housekeeping, Dietary, Social Worker, Maintance, Activities Director, Laundry, PT, Office Staff, Administrator, Feeding Assists.	Additional Description of the		1	5	114 C	AMPUS DRIVE		
Featilet to policies and procedures for Abuse, to include: Reporting Abuse/Alleged Abuse to Facility Management; Resident-to-Resident Altercations; Abuse Investigations; and Behavior Assessment and Monitoring Program.  The Medical Director evaluated all Residents with psychoactive medications and Residents with behavioral diagnoses; and the Geriopsych provider consulted with Residents with a history of Impaired cognition, behavioral episodes, and/or mental illness. The Director of Nursing, Assistant Director of Nursing, and the Minimum Data Set Coordinator assessed all remaining Residents to ensure appropriate services were being provided.  The facility provided evidence of a Psych Services Provider contract specifying every other week psych visits to address residents with impaired cognition, behavioral episodes, and/or mental illness.  The facility provided evidence of care plan reviews to ensure appropriate behavioral interventions and services.  Observation of the Residents throughout the follow-up visit revealed facility staff approached and interacted appropriately with the Residents, according to the facility's Behavioral Management Program. Continued observation of random Residents revealed no Resident altercations or behavioral episodes. The facility environment was calm and staff was actively engaged with behavioral and wandering Resident altercations or behavioral episodes. The facility environment was calm and staff was actively engaged with behavioral and wandering Residents.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION
Interviews with random facility staff during the revisit confirmed they had received in-services		related to policies a include: Reporting A Facility Managemer Altercations; Abuse Assessment and Massessment alliness. The Director of Nursing, Coordinator assessment appropriate The facility provided Services Provider consulted week psych visits to mpaired cognition, mental illness.  The facility provided eviews to ensure an illness.  The facility provided eviews to ensure an interventions and second interacted approach of the facility provided eviews to ensure and interacted approach of the facility provided eviews to ensure and enterventions and second interacted approach of the facility provided eviews to ensure and enterventions and second interacted approach of the facility provided eviews to ensure and interacted approach of the facility provided eviews to ensure and enterventions and staff to behavioral episodes was calm and staff to behavioral and wanterviews with rand interviews wit	and procedures for Abuse, to Abuse/Alleged Abuse to Abuse/Alleged Abuse to Abuse/Alleged Abuse to Abuse/Alleged Abuse to Abuse/Alleged Abuse to Abuse/Alleged Abuse to Abuse/Alleged Abuse to Abuse/Alleged Abuse to Abuse to Program.  The evaluated all Residents with Abuses; and the Geriopsych With Residents with a history of Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Abuse to Ab	{F 400	The rev to e cou illn 5/1  Res Ma Alt Bel Mo rev and Dir Con RN How Wo Dir Adı Sta	ervices and report to QA/I e Administrator and the Defiewed the Gerio psych concensure every other week visible be provided timely to a didents with impaired cognishematic behaviors or mentess. This was confirmed a 8/12 by the Administrator sident #4  e Abuse Investigation polity porting Abuse to Facility magement; Resident to Refercation; Abuse Investigate havior Assessment and mitoring have been review itsed on 5/27/2012 by the Idapproved by the Medical fector, Administrator and Committee on 5/27/12. Inserting the portion of the provided by the Medical fector, Administrator and Committee on 5/27/12. Inserting the portion of the provided by the Medical fector, Administrator and Committee on 5/27/12. Inserting the provided by the Medical fector, Administrator and Committee on 5/27/12. Inserting the provided by the Medical fector, Administrator and Committee on 5/27/12. 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			F 40	06	complete. DON/RN will o inservices and report to Qa	A/PI.	
					The Abuse Investigation p inserviced with the Admin DON and Medical Directo 5/27/12 by the Healthcare Consultant emphasizing th importance of recording al allegation, investigating ar reporting in a timely manning	istrator, r on e ouse id	
					2) The DON reviewed the deficiencies stated in the 2 identify in-services needed address each tag cited. Inwere conducted 5/15, 5/24 5/28 and 5/29 on –Abuse Investigations, Residents F. Restraints, Safety, Fall Investigation, Care of residuestigation, Care of residuestigation. The following policies or procedures have been char	567 to l and to services , 5/27, Rights, lents with	
					address this deficiency pra		
T LOOD LYON O	DESTORIS OR REQUIRERIE	RIPPLIER REPRESENTATIVE'S SIGNATUR	)E	_	TITLE		(X6) DATE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			JULTIPLE ONSTRUCTION JUILDING	(X3) DATE SURVEY COMPLETED	
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			F 400	6	-Behavior Assessment and Monitoring -Side rail Evaluation on Adrand Quarterly -Abuse Investigation -Resident Rights - guidelines for all Nursing Procedures  Inservices were conducted 5 5/30/12 for all RN, LPN's, General Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Royal Ro	5/27/12- CNA's, ial vities ce Staff, ists. no be are ersee 'PI.	
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			F 40	06	process began on 5/15/2012 completed on 5/29/12.	2,	
				MDS Coordinator reviewed other residents care plans to appropriate services were or planned. This process starte 5/15/12, completed 5/29/12  3) The DON/ADON/RN S monitor behaviors weekly a documented in Accu Care to "behaviors" to identify any consultation services.  A list of residents seen by Geriopysch Services will be provided to the DON to mo services provided. 6/1/12, a template was developed by ADON for electronic medic record system for weekly be assessment.	taff will as ander needed the nitor		
					4) The DON will report the outcomes of abuse and beha management monitoring to quarterly QAPI Committee ultimately the Administrator report to the Board quarterly next scheduled QAPI Commeeting is 6/20/12.	the and will 7. The	
ABORATORY DIRE	FCTOR'S OR PROVIDER/SU	PPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FORM APPROVED
OMB NO 0838-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES		~~~~~		0. 0938-0391
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	ROVIDER OR SUPPLIER BROOK SANITARIUM	R.	8	SYREET ADDRESS, CITY, STATE, ZIP GO 114 CAMPUS DRIVE DAYTON, TN 37321	DOE	
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{F 428} \$S=D	Resident-to-Reside Investigations; and Monitoring Program The facility will remailevel until it provides Correction to includ deficient practice do corrective measures evaluated by the Qu483.60(c) DRUG RI IRREGULAR, ACT The drug regimen or reviewed at least on pharmacist. The pharmacist must the attending physic that is a series of the facility failed to no pharmacy consultan #1, and #12) of tween the findings includes the findings includes the series of the findings includes the series of the findings includes the series of the findings includes the series of the findings includes the series of the findings includes the series of the findings includes the series of the findings includes the series of the series of the series of the findings includes the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series	o include: Reporting se to Facility Management; nt Altercations; Abuse Behavior Assessment and h.  ain out of compliance at a "D" se an acceptable Plan of se monitoring to ensure the bes not recur and the facility's se could be reviewed and liality Assurance Committee. EGIMEN REVIEW, REPORT ON  If each resident must be lice a month by a licensed  est report any irregularities to lian, and the director of eports must be acted upon.  T is not met as evidenced ecord review and interview, otify the physician timely of t reports for two residents inty-seven residents reviewed.  d: mitted to the facility on July 8,	{F 406	6)		
; 2	iyus, with diagnoses	s Including Quadriplegia,				

2012-06-07 15:58 DC0547PM13501 8652125642 >> 4237756346 P 80/118 INITIME, VUIVITEDIS DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULAYORY OR LSC IDENTIFYING INFORMATION) COMPLETION DATE ID PREFIX (X4) ID PREFIX TAG TAG DEFICIENCY) (F 406) Continued From page 76 (F 406) related to Abuse, to include: Reporting Abuse/Alleged Abuse to Facility Management; Resident-to-Resident Altercations; Abuse Investigations; and Behavior Assessment and Monitoring Program. The facility will remain out of compliance at a "D" level until it provides an acceptable Plan of Correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee. F 428 483.60 (c) Drug Regimen (F 428) 483.60(c) DRUG REGIMEN REVIEW, REPORT 6/12 Review, Report Irregular, Act on SS=D IRREGULAR, ACT ON The drug regimen of each resident must be 1) Upon being made aware of reviewed at least once a month by a licensed Idelays in communication of pharmacist. pharmacy reviews completed on The pharmacist must report any irregularities to residents to the attending physician, the attending physician, and the director of the DON revised the process for nursing, and these reports must be acted upon. monitoring pharmacy consultation reports on 6/1/12. All reviews will be maintained in a notebook upon receiving from pharmacy consultant. ADON will review for This REQUIREMENT is not met as evidenced any recommended medication Based on medical record review and interview, change and will call physician to see the facility failed to notify the physician timely of if he agrees with recommendation. pharmacy consultant reports for two residents These reviews will be reviewed by (#1, and #12) of twenty-seven residents reviewed. the ADON with 24 to 48 hours. The findings included: 2) On 5/29/12 DON or ADON will

Resident #1 was admitted to the facility on July 8,

2008, with diagnoses Including Quadriplegia,

check all reviews conducted by the

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{F 4;	Medical record reviee Consultation Report revealed, "please of Metabolic Profile lab (potassium) frequent (diuretic)" Continu Consultation Report not notified until February).  Medical record review Consultation Report of revealed, "please of doses of Baclofen (milligram) ibuprofen and oxybutynin (antioneeded) DC (discontinum Miralax (constipation) (anticonvulsant) to his Continued review reversity-four day delay).  Resident #12 was adm March 29, 2012, with of Contusion to Knee, Dis Fibromyalgla.  Medical record review Consultation Report dayconsider decrease review of the Pharmace.	ew of a Pharmacy dated September 1, 2011, recheck BMP (Basic work) to monitor K+ t changes in Lasix ed review of the Pharmacy revealed the Physician was ruary 29, 2012 (181 day v of a Pharmacy dated March 6, 2012, onsider change 4pm-5pm uscle relaxant) 20 mg, (antiinflammatory) 600 mg, holinergic) to prn (as nue) the 10 pm dose of change carbamazepine (hour of sleep)" ealed the Physician had not port on May 15, 2012, (a mitted to the facility on diagnoses including abetes Mellitus, and of a Pharmacy sted April 2, 2012, revealed ux) 40 mg qd (every set to 20 mg" Continued	{F 42	Pharmacy consultant months. This was con 6/1/12. Any recomme consisting of medicati will be called to the plaction and all other rewill be reviewed at new 13) The ADON will motebook for pharmacy will make it accessible review and signature. review will be initialed a dated.  4) The DON will report of Pharmacy Reviews quarterly QAPI Common beginning with meeting and ultimately the Adn will report to the Board quarterly. The next QA Committee meeting is committee meeting is committee meeting is committee.	mpleted endations ion changes hysician for commendation ext visit.  aintain the y reviews and e for physician Each resident d by physician ort outcomes to the ittee g in 6/1/12 ministrator d Meeting PI	
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4237756346 P 82/118 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 44E200 06/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM **DAYTON, TN 37321** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (F 428) Continued From page 78 {F 428} Medical record review of a Pharmacy Consultation Report dated May 1, 2012, revealed "...assess possible need for increase in pain meds(medications)...receives frequent...' Continued review of the Pharmacy Consultation Report revealed the doctor had not been notified of the report as of May 15, 2012 (a fourteen day delay). Interview with the Director of Nursing (DON) on May 15, 2012, at 9:10 a.m., in the front lobby. confirmed the facility failed to notify the physician of the pharmacy recommendations in a timely manner. C/O #27265 #28092 (F 431) {F 431} 483.60(b), (d), (e) DRUG RECORDS, SS=F LABELISTORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in

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LAURE	PROVIDER OR SUPPLIER		_	TREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321		05/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	AULD BE	COMPLETION DATE
{F 431} SS=F	"assess possible r meds(medications) Continued review of Report revealed the of the report as of M delay).  Interview with the Dir. May 15, 2012, at 9:11 confirmed the facility of the pharmacy recommaner.  C/O #27265 #28092 483,60(b), (d), (e) DE LABEL/STORE DRU  The facility must emp a licensed pharmacis of records of receipt a controlled drugs in su accurate reconciliation records are in order a controlled drugs is mare conciled.  Drugs and biologicals labeled in accordance professional principles appropriate accessory instructions, and the eapplicable.	dated May 1, 2012, revealed need for increase in pain receives frequent" the Pharmacy Consultation doctor had not been notified ay 15, 2012 (a fourteen day fector of Nursing (DON) on 0 a.m., in the front lobby, failed to notify the physician ommendations in a timely study or obtain the services of t who establishes a system and disposition of all fficient detail to enable an in; and determines that drug and that an account of all aintained and periodically used in the facility must be with currently accepted and cautionary expiration date when the sate and Federal laws, the	{F 428		of LPN actice ions multi- , and d cation ted by N #1 on ons" oplied".	6/6/12

DEPART	07 15:59 MENT OF HEALT	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES	86	552125642 >>	FORM	APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE S	. 0938-0391 SURVEY
		44E200	B. WING		- )	R
LAURELE	ROVIDER OR SUPPLIER BROOK SANITARIUI	Anna caracter was been marked as		TREET ADDRESS, CITY, STATE, 2 114 CAMPUS DRIVE DAYTON, TN 37321		05/2012
PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	COMPLETION DATE
	controls, and perminave access to the Facility must proper the facility must proper the facility must proper the facility affixed controlled drugs list comprehensive Drugontrol Act of 1976 abuse, except when eackage drug distrib	its under proper temperature to only authorized personnel to	(F 431)	vials, and storage of external medications all drugs in the medic 5/2812 and 5/29/12 I an in-service on "Ad Medication", and "M Family Supplied" to LPN's. Any RN, or I not attended the above will not be allowed to they have attended the mentioned in-service	and labeling cation cart. On DON conducted ministration of ledication, RN's and LPN who have we in-services o work until le above	
b a m m m m m m m m m m m m m m m m m m	y: Based on observation and interview, the facedications were latedication carts observation carts. The findings included between the findings included between the vial of Levemir (Innits per milliliter), 1 pened documented between the a "discard date of the observation the manufacturer's teep at room temper to the per milliliter).	erved and failed to separate medications for one of two		Exhibit # 47  2) On 5/29/12, DON checked medication of proper labeling of my separation of internal medications, checked medications on the calidentified other reside potential to be affected deficient practice.  3) Medication Pass a cart checks will be ob ADON or designee b 6/1/12 to ensure that policy and state laws including physician medications, appropri	carts to ensure alti-dosed vials, and external I for unlabeled arts, and ents having the ed by the same and medication beserved by the eginning the facility are observed orders for all	

UEFAL	-07 15:59 CIMENT OF HEALTH ERS FOR MEDICARE	DC0547PM13501 HAND HUMAN SERVICES & MEDICAID SERVICES	8	652125642 >>	FOR	D: 06/07/201
STATEMEN	IT OF DEFICIENCIES OF GORRECTION	(X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION	(X3) DATE	O. 0938-039
		44E200	B. WING		-	R
LAUREL	PROVIDER OR SUPPLIER	//	s	TREET ADDRESS, CITY, STATE, ZI 114 CAMPUS DRIVE DAYTON, TN 37321	P GODE	/05/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	COMPLETION DATE
Lalipe Caobwn (9A)	(long-acting antipsyc per milliliter), 5 ml vir date opened or a dis Interview with Regist Licensed Practical N 2012 at 2:15 p.m., at confirmed the vials of accurately reflect expinterview with LPN #/p.m., in the hallway, redecanoate expired 28 cobservation of medical properties of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of	aphenazine decanoate shotic) 25 mg/ml (milligrams at with no documentation of card date.  Bered Nurse (RN) #1 and urse (LPN) #4 on May 15, the nurse's station, f medication did not biration dates. Continued 4 on May 15, 2012, at 2:45 revealed the Fluphenazine 3 days after opening.  Battoric cart #2 on May 15, vealed, in the bottom ags labeled with the names and no resident name or attoric, confirmed the 5 five less containing Dandelion of Tumeric, Bilberry Leaf, original containers, no instructions, no record of dosage instructions and no distinct cart #2 on May 15, a nursing station, revealed ding Tylenol (pain reliever), e), and Vitamin C (vitamin), and medications, including ungal) 100,000 u/GM ree tubes of Triple arm 1 oz (ounce), and Pain	{F 431}	multi-dose vials, correlated medications, and storage of internal and medications. The Phate consultant will assist observations of RNs of administering medicated the facility beginning DON/ADON/ RN Start medication administrates resident medications of the medication administrates and ensure correlated internal and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and external and	and correct dexternal armacy in Med Pass & LPNs tions within 6/1/12. The aff will monitor ation to ensure have physician ed multi-dose ect storage of medications. 15/12 and for 4 weeks dom basis to be been to the on monitoring (API ately the port to the cry. The next	

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ISTATE	MENI	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		ONSTRUCTION		(X9) DATE	O. 0938-039	-
			44E200	B. WIN	g				R	
LAUI	RELE	OVIDER OR SUPPLIER			114 CA	ODRESS, CITY, STATE, 2 MPUS DRIVE ON, TN 37321	OP CODE	06/	05/2012	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH
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(F 43	M M di ai ara ac co ph pa gui inc na dai res pro	medication to lower shampoo, insulin sy nultiple bottles of or ogether in the same eview of facility polledication revealed, edications purchas spensing pharmacy e met The medication the medication is clearly law armacy procedures idelines for medicationer's name, specified in manner is clearly law armacy procedures idelines for medication for medication for medication is distributed in medication is distributed in accordance dures. They muticiple in the medication is distributed in accordance dures.	ser), sunscreen, Kionex potassium), Johnson's Baby ringes, Vitamin C and al medications were stored at drawer.  icy Family Supplied "The facility will also use ed for a resident from a purified by the nurse ationthe medication beled in accordance with a for medication labeling and consistent with pharmacy tionsincluding the cific directions for use, ninistration, medication dication, physician's name, pensed, quantity, expiration ents are used by our		1)					
= 441}	and sep 483	external medication arately and were no	on May 15, 2012, at 2:30 ation, confirmed internal ns were to be stored of properly labeled.	{F 441}						
	Infe safe to he	, sanitary and comi	am designed to provide a fortable environment and elopment and transmission							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X4) DEFICIENCIES  (X2) MULTIPLE CONSTRUCTION  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X4) DEFICIENCIES  (X4) ID  (X4) ID  (X4) ID  (X4) ID  (X5) MULTIPLE CONSTRUCTION  (X2) MULTIPLE CONSTRUCTION  (X3) DATE SURVEY COMPLETED  (X4) DATE SURVEY COMPLETED  (X4) ID  (X4) ID  (X4) ID  (X5) MULTIPLE CONSTRUCTION  (X5) MULTIPLE CONSTRUCTION  (X7) MULTIPLE CONSTRUCTION  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) MULTIPLE CONSTRUCTION  (X2) MULTIPLE CONSTRUCTION  (X3) DATE SURVEY COMPLETED  (X4) DATE SURVEY COMPLETED  (X5) DATE SURVEY COMPLETED  (X6) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLETED  (X7) DATE SURVEY COMPLE	CEV	TERS FOR MEDICAR	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES		8652125642 >> 42	FOR	M APPROVE
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NAME OF PROVIDER OR SUPPLIER  LAURELBROOK SANITARIUM  (A) ID PREFIX (ACAPUS DRIVE)  (A) ID PREFIX (ACAPUS DRIVE)  (A) ID PREFIX (ACAPUS DRIVE)  (A) ID PREFIX (ACAPUS DRIVE)  (A) ID PREFIX (ACAPUS DRIVE)  (A) ID PREFIX (ACAPUS DRIVE)  (A) ID Continued From page 81  (anti-bacterial cleanser), sunscreen, Klonex (medication to lower potassium), Johnson's Baby Shampoo, insulin syringes, Vitamin C and multiple bottles of oral medications were stored together in the same drawer.  Review of facility policy Family Supplied Medication revealed, "The facility will also use medications purchased for a resident from a dispensing pharmacyif the following conditions are metThe medication name, dosage form, and strength have been verified by the nurse accepting the medicationthe medication is container is clearly labeled in accordance with pharmacy procedures for medication, medication name, strength of medication, physician's name, date medication is dispensed, quantity, expiration dateHerbal supplements are used by our resident's in accordance with the above procedures. They must be kept in original containers with expiration date clearly visible"  Interview with LPN #2, on May 15, 2012, at 2:30 p.m., at the nursing station, confirmed internal and external medications were to be stored separately and were not properly labeled.  F441) 483.65 Infection Control, Prevent Spread, Linens  The facility must establish and maintain an infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission	L		44E200	B. WIN	IG		Ŕ
CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVER   CAMPUS DRIVE	NAME	OF PROVIDER OR SUPPLIER	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S		STORET ADDRESS AND A MARKET	06	/05/2012
February   Reductory or List International Presentation   Present TAO   Reductory or List International Presentation   Present TAO   Reductory or List International Presentation   Presentational Presentation   Presentational Presentation   Presentational Presentational Presentational Presentation   Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Presentational Pres				_	114 CAMPUS DRIVE	ODE	
(anti-bacterial cleanser), sunscreen, Klonex (medication to lower potassium), Johnson's Baby Shampoo, insulin syringes, Vitamin C and multiple bottles of oral medications were stored together in the same drawer.  Review of facility policy Family Supplied Medication revealed, "The facility will also use medications purchased for a resident from a dispensing pharmacyif the following conditions are metThe medication name, dosage form, and strength have been verified by the nurse accepting the medicationthe medication and packaged in manner consistent with pharmacy guidelines for medicationsincluding the resident's name, specific directions for use, including route of administration, medication name, strength of medication, physician's name, date medication is dispensed, quantity, expiration dateHerhal supplements are used by our resident's in accordance with the above procedures. They must be kept in original containers with expiration date clearly visible"  Interview with LPN #2, on May 15, 2012, at 2:30 p.m., at the nursing station, confirmed internal and external medications were to be stored separately and were not properly labeled.  441) 433.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of deficiency, the housekeeping supervisor cleaned the overflow	PREF	IX (EACH DEFICIENCY	MIST BE PRECENCE BY FURT	PREFD	CROSS-REFERENCED TO THE	NEMOTILVE	COMPLETION DATE
and external medications were to be stored separately and were not properly labeled.  F 441} 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission  The facility must establish and maintain an Infection Control, Prevent Spread, Linens  1) Upon being made aware of deficiency, the housekeeping supervisor cleaned the overflow	{F 43	(anti-bacterial clean (medication to lower Shampoo, insulin sy multiple bottles of or together in the same Review of facility pol Medication revealed medications purchas dispensing pharmacy are metThe medications and strength have be accepting the medication revealed pharmacy procedures packaged in manner guidelines for medicate resident's name, specific including route of admarmantation, strength of medicate medication is distanted and strength of medicate medication is distanted and strength of medicate medication is distanted and strength of medicate medication. Herbal supplem resident's in accordan procedures. They mucontainers with expiration in the strength of medication is distanted and strength of medication is distanted and strength of medication is distanted and strength of medication is distanted and strength of medication is distanted and strength of medication is distanted and strength of medication is distanted and strength of medication is distanted and strength of medication is distanted and strength of medication is distanted and strength of medication is distanted and strength of medication is distanted and strength of medication is distanted and strength of medication is distanted and strength of medication in the strength of medication is distanted and strength of medication in the strength of medication is distanted and strength of medication in the strength of medication is distanted and strength of medication in the strength of medication is distanted and strength of medication in the strength of medication is distanted and strength of medication in the strength of medication in the strength of medication is distanted and strength of medication in the strength of medication is distanted and strength of medication in the strength of medication is distanted and strength of medication in the strength of medication in the strength of medication is distanted and strength of medication in the strength of medication in the strength of medication in the strength of medication in the strength o	ser), sunscreen, Kionex potassium), Johnson's Babyringes, Vitamin C and al medications were stored at drawer.  icy Family Supplied "The facility will also use ed for a resident from a four conditions atton name, dosage form, sen verified by the nurse attonthe medication beled in accordance with a for medication labeling and consistent with pharmacy tionsincluding the ciffic directions for use, ninistration, medication dication, physician's name, pensed, quantity, expiration ents are used by our ce with the above st be kept in original tion date clearly visible"	Y	i and a second		
Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission supervisor cleaned the overflow	F 441}	and external medication separately and were not 483.65 INFECTION Co.	ons were to be stored	{F 441}		Control,	6/6/12
!		Infection Control Progra safe, sanitary and com to help prevent the dev	am designed to provide a fortable environment and elopment and transmission		deficiency, the housekeep supervisor cleaned the over	oing erflow	

DEPAR CENTE	RS FOR MEDICARE	DC0547PM13501 HAND HUMAN SERVICES & MEDICAID SERVICES	8	652125642 >> 423	FOR	M APPROVE
AND PLAN C	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL	DLTIPLE CONSTRUCTION DING	(X3) DATE	O. 0938-039 SURVEY LETED
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LAUREL	ROVIDER OR SUPPLIER BROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CO 114 CAMPUS DRIVE DAYTON, TN 37321	DDE DOE	(05/2012
PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHUILDE	(X5) COMPLETION DATE
•	Continued From pag		(F 441	5/18/12. Housekeeping su previewed policy on 5/18/1	2 and	
	Program under which (1) Investigates, cont in the facility; (2) Decides what pro should be applied to (3) Maintains a recont (1) Maintains a recont (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (1) Investigation (	ablish an Infection Control  it -  trols, and prevents infections  cedures, such as isolation, an individual resident; and  d of incidents and corrective		revised process for the prostorage of clean linen place overflow room.  2) Housekeeping supervischecked all linen storage a debris and soiled linen on	sor areas for	
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The facility must p formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable diseas formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formunicable formuni	d of Infection n Control Program ident needs isolation to infection, the facility must rohibit employees with a e or infected skin lesions h residents or their food, if smit the disease, quire staff to wash their t resident contact for which ited by accepted		In-service completed on 5/2 the proper process of linend and the need to be covered clean linen and put on a well-check list with housekeeping story compliance beginning of the quarterly QA/PI community and the need to be covered clean linen and put on a well-check list with housekeeping story compliance beginning of the weekly by housekeeping supervised by the housekeeping supervised by the housekeeping supervised put the properties of the quarterly QA/PI community and the properties of the daministratory of the board meeting quarterly. 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by: Ba ma ens	sed on observation.	is not met as evidenced interview, and review of ons, the facility falled to stored in a sanitary linen closet; failed to		Committee meeting is 6/20 LPN #4  1) Upon being made aware #4's deficient practice of administering medication v	/12.	

2012-06-07 16:00 DEPARTMENT OF HEALTS CENTERS FOR MEDICARE	& MEDICAID SERVICES	8	652125642 >>	FO	P 87/118 ED: 06/07/201 RM APPROVE NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DAT	E SURVEY
	44E200	B, WING		_ }	R
NAME OF PROVIDER OR SUPPLIER  LAURELBROOK SANITARIUM  (X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	10	TREET ADDRESS, CITY, STATE, 2: 114 CAMPUS DRIVE DAYTON, TN 37321	IP CODE	6/05/2012
PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE CY)	COMPLETION DATE
one Licensed Practi LPNs observed; and manufacturer's reco sanitary medication medication carts.  The findings includer  Observation of an ov May 14, 2012, at 11: was stored below col ceiling and walls, and room had debris on t  Interview with the Lat 2012, at 11:20 a.m., a overflow linen storage had fallen onto the cle not stored in a sanitar  Observation of a med 2012, at 7:50 a.m., in LPN#4 administered r washed the hands, tot and tray items, and wi exited the room, dispe resident #14, and ente and administered med  Interview with LPN #4 a.m., in the hallway, co wash the hands after a	ne during medication pass for cal Nurse (LPN#4) of five it failed to follow mmendations to provide administration for one of two disconsistration for one disconsistration pass on May 14, at the doorway of the disconsistration pass on May 15, a resident's room revealed medication to a resident, ushed the resident's food thout washing the hands, insed medications for one disconsistrations.  On May 15, 2012, at 7:50 onfirmed the LPN failed to insisting one resident with paring the next resident's food of the cart #2, on May 15.		washing hands, the Do serviced LPN #4 on his procedures while adm medications on 5/15/1 RN's LPN's and CNA serviced on hand wash 5/27-5/29/12. Any RI LPNs who have not at above in-services will allowed to work until that attended the above medinservices.  2) The DON or RN s observed a random sand direct care staff, (LPN CNA) for proper hand during the week of 5/2:  3) All nurses will be equarterly by DON or deproper hand washing. It designes will monitor proper hand washing randomly. The no 6/1/12 and will continueded to ensure complete achieved.  4) The DON will report to the next quarker washing randomly and will continueded to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next quarker washing to the next	and washing inistering 2. All other a's were inning policy on Ns, CNAs or tended the not be they have intioned taff nurse inpling of s, RNs and washing 5-5/31/12. Thecked esignee on The DON or proper hand is was begun inue as liance has ort the ing interly QAPI	

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			MULTIPLE ONSTRUCTION BUILDING	(X3) DATE COME	SURVEY PLETED
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NAME OF PE	OVIDER OR SUPPLI	ER		S	TREET ADDRESS, CITY, STATE, ZIP CO		05/2012
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(X4) ID PREFIX TAG	SUMMARY STAT	EMENT OF DEFFICIENCIES	ID PREF TAG		PROVIDERS PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
			7 441		Administrator will report to the Board meeting quarterly. The scheduled QAPI Committee meeting on 6/20/12.  LPN #2  1) Upon being made aware of #2's deficient practice of resurging for liquid medicate service was done by the DON 5/18/12 to LPN #2 per the "Administration of Medication Policy", noting that Leur-lock Syringes are for single only. After administrating of medication, syringe should be discarded.  The DON or designee will ob LPN #2 weekly for four week proper administration of liquid medications with a leur-lock syringe.  2) On 5/15/12 to 5/29/12 AD randomly observed medications visyringe.  2) On 5/15/12 to 5/29/12 AD randomly observed medications visyringe. On 6/1/12 the DON is serviced all other licensed staff the deficient practice observed surveyors. The in-service con	of LPN use of ion, in- lon on cuse serve as for d ON n which ia a in- ff on l by	
LABORATORY DIRE	CTOR'S OR PROVIDER/SU	PPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	SUMMARY STAT	EMENT OF DEFFICIENCIES	ID PREF TAG		PROVIDERS PLAN OF CORRE- (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
			F 44	1	of the need to dispose of sy after each use.	ringes	
					3) Medication Pass will be observed by the DON or de on a monthly basis beginning to ensure that the facility postate laws are observed concesingle use of syringes. The Pharmacy consultant will assembly Med Pass observation RNs & LPNs during adminition of medications within the factorial beginning 6/1/12.	ng 6/1/12 licy and cerning sist in ions of stration	
				The second section of the second section of the second section of the second section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section s	4) The DON or designee with monitor proper liquid medic administration via a syringe randomly. This was begun to 6/1/12 and will continue as a to ensure compliance has be achieved. The DON will report comes to the next quarter QAPI Committee and ultimate Administrator will report to Board meeting quarterly. The scheduled QAPI Committee meeting on 6/20/12.	ation on needed en oort the ly tely the che e next	
BORATORY DIRE	CTOR'S OR PROVIDER/SUP	PLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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TATEME	NT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	OMB NO	). 0938-0: SURVEY
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IAME OF	PR	OVIDER OR SUPPLIER	44	Jern	EFY ADDOCAGE AND ADDOCAGE	06/	05/2012
		ROOK SANITARIU		1	EET ADDRESS, CITY, STATE 14 CAMPUS DRIVE AYTON, TN 37321	, ZIP CODE	
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p fat	oy: Ba: collinaile our abusile copi (2,1) rov ne (#5)	sed on medical recies, observation, and to be administed (#1, #2, #3, #11) se, failed to invested to provide staff rovide supervision (#4, #5, #19, #26, 16) ided a safe enviroresident was provide twenty-seven in the safe (Immediate).	cord review, review of facility and interview, the facility red in a manner to ensure residents were free from tigate allegations of abuse, in-services on abuse, failed to ensure twelve (#14, #3, #1, #12) residents were sided mental health services esidents reviewed. The the residents in Immediate Jeopardy is a situation in compliance with one or				

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STATEMENT OF	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE	0.0938-0
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012-06-07 16:00 DEPARTMENT OF HEALTH A CENTERS FOR MEDICARE 8		865	52125642 >>	FOR	D: 06107120 M APPROVE
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is likely to cause serio or death).  The facility provided a Compliance on May 30 conducted from June 1 the corrective actions 2012, removed the Important for more citation (potential for more findings included:  Validation of the Credit Compliance was accordate review, observation and interviews with face	participation has caused or us harm, injury, impairment  Credible Allegation of 0, 2012. A revisit 4 - June 5, 2012, revealed implemented on May 30, mediate Jeopardy. Non continues at an "F" level nore than minimal harm).  ble Allegation of mplished through medical ation, facility policy review,	F 490	On 5/26/12 the Adnormal confirmed the contract with Healthcare Cowith addressing condeficiencies sited on by the Health Surve On 05/28/12 the Ab Investigation / Incide Accident/ Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy and revised by the Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation Policy / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation / Investigation	act agreement insultant to assist inpliance of the in May 14 and 15 eyors.  buse ident and iting and Restraint if was reviewed if ealth Care ealth Care ed these policies ininistrator and	
Healthcare Consultant, assist the facility in sys improve the quality of o provide staff education. The Healthcare Consultant survey team on June 5 therapy room.  Medical record review to behaviors, safety concurred were identified, approping physician's order obtain.  The facility provided every sign of the facility's	tems management to care for the residents, and in areas deemed lacking. Itant was introduced to the 2012, at 8:30 a.m., in the revealed resident's with erns, and special needs, riately care planned, and ned for services.		Medical Director er importance of elimi of seclusion, reporti investigation, using Abuse Investigation timely investigation all incidents.  The DON implement Assessment and Moreogram which include consultation with Gractitioner when more sidents. Effective	nation of the use ing abuse, the Resident Report Form, is and capturing  Exhibit #29  Inted a Behavior conitoring ludes a reciopyschueded by	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI ND PLAN OF CORRECTION IDENTIFICATION NUMBE		(X:	2) MULTIPLE ONSTRUCTION  BUILDING	(X3) DATE	PLETED
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		I	49(	and QA Committee on 5/2	27/2012.	
				All residents admitted to the will have a Social Service Assessment / History accordance facility policy.  Extended The facility will maintain compliance of checking a registry on all new employees completed.	rding to ribit #7  100% ouse vees will ribit # 30  ory in- ar to employee /2012.  Side Rail ed on all erly  m called	
				developed by the interdisc team in January 2012 and Therapy is responsible for	iplinary Physical	
LABORATORY DIS	PECTOR'S OR PROVIDER!S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			MULTIPLE ONSTRUCTION BUILDING	(X3) DATE COM	SURVEY PLETED
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			F 49	00	program. This has been revand revised on 5/27/12 to perstaff and interdisciplinary to members with an approach evaluating and identifying appropriate interventions.  The Falls Prevention Program includes a quarterly assessive resident rooms and bath equal conducted by maintenance needed repairs. This assess was begun January 2012 at 05/29/2012 to capture the appropriate documentation repairs.  Beginning 5/22/12 the Phys. Therapist began screening with falls.  Use of Restraint policy was developed by DON and appendical Director and QA Committee 5/27/12. No rescan be applied without appendical Director.  Exhibit # 10  After being informed by sut that CNA #12 had transport Resident #21 down the half	am ment of uipment staff for sment ad revised for sical residents proved by traints roval of	
LABORATORY DIR	ECTOR'S OR PROVIDER/SU	JPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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					Investigations, Residents R. Restraints, Safety, Fall Investigation, Care of reside Seizures, and Behavior Management. Inservices we	ents with		
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			F 490	*	in to work ete. ervices ident of oversee he ompliance will be 012.  will kly to opropriate opysch e DON a each visit. ed weekly as is in hiently, ogged as 24-72 or/PT accident ed to	
I VAULTABUBATURY II	RECTOR'S OR PROVIDER/SI	PPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

CENTERS FOR MEDICARE & MEDICAID SERVICES FOR	M APPROVE
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F 490 Continued From page 86 2012. Continued review of the evidence revealed the revised program contained detailed information on Resident-to-Resident Altercations, Abuse Investigations, Reporting Abuse to Facility Management, and a 3-page investigative worksheet for data gathering and evaluation titled, Resident Abuse Investigation Report Form.  The facility provided evidence of mandatory in-service education and training to all staff on Abuse Prevention, Resident Safety, Resident Rights, and Behavior Management.  Random interviews with multidisciplinary staff conducted during the revisit from June 4 through June 5, 2012, confirmed they had received in-services related to abuse prevention, Resident Altercations, Abuse Prevention, Resident Altercations, Revoit Form.  Random interviews with multidisciplinary staff conducted during the revisit from June 4 through June 5, 2012, confirmed they had received for the last six employees hired.  The facility provided evidence of abuse registry and criminal background checks were completed for the last six employees hired.  The facility rovides an acceptable plan of correction to include continued monitoring to ensure the deficient practice does not recur, and the facility's corrective measure would be reviewed and evaluated by the Quality Assurance Committee.  (F 497)  483.75(e)(8) NURSE AIDE PERFORM REVIEW-12 HRYPR INSERVICE  The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must be	

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	20 thin AJ M work title Thin AL Rie Cool Julian safe	ne revised program formation on Residual Investigations anagement, and a price of the provided service education and Prevention, Resident Abusine facility provided service education and Behavior andom interviews with the facility provided during the provided during the provided during the facility confirms services related to fety, resident behavior that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided that the provided th	view of the evidence revealed contained detailed dent-to-Resident Altercations, s. Reporting Abuse to Facility 3-page investigative rathering and evaluation se Investigation Report Form. evidence of mandatory and training to all staff on esident Safety, Resident Management.  with multidisciplinary staff revisit from June 4 through and they had received abuse prevention, resident vior, and resident rights.	F4			
	for The level corrections the revi	d criminal backgrou the last six employ a facility will remain al until it provides a rection to include o ture the deficient p facility's corrective	evidence of abuse registry and checks were completed rees hired.  To out of compliance at an "F" an acceptable plan of continued monitoring to ractice does not recur, and a measure would be ad by the Quality Assurance				
497} SS=E	483 RE\ The of e	.75(e)(8) NURSE / /IEW-12 HR/YR IN facility must comp very nurse aide at	NSERVICE plete a performance review least once every 12	{F 497}	Perform review-12H service	R/YR In-	6/6/12
ļ	edu		vide regular in-service e outcome of these e training must be		1) On 5/20/12, upon refindings that all CNA	Z	

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			F 497	received at least 12 hours of services per year, the DON/ADON/RN Staff commandatory in-services. The will conduct mandatory ins for RN's, LPN's, and CNA biannually and non-mandat services quarterly beginnin CNA's will have a printed their hours given to them quest so they are aware of their higher becompleted. They will be to attend 80% of scheduled services to ensure their required services to ensure their required 12 hours of inserviced an oral warm failure to meet employment by DON on 5/29/12.  3) The DON/Office Managemonitor on a quarterly basis in-service hours. All CNA's expected to fulfill state requirements. An updated I	ducted DON ervices 's ory in- g 6/1/12. copy of uarterly ours to required in- nired cords which their vice in ot have service ing for criteria er will s CNA s will be	
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500-000 - 1-000-000	F PROVIDER OR SUPPLIER ELBROOK SANITARIUM		S	TREET ADDRESS, CITY, STATE, 114 CAMPUS DRIVE DAYTON, TN 37321		05/2012
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⟨F 498}	nurse aides, but mu per year; address ar determined in nurse and may address the as determined by the aides providing service cognitive impairment the cognitively impairment the cognitively impairment the cognitively impairment the cognitively impairment the cognitively impairment the cognitively impairment the cognitively impairment of in-service entwenty-two Certified I employed.  The findings included Review of facility documentation of total January 2011 through six of twenty-two lister hours of the required Interview with the Direct 2012, at 3:15 p.m., in the facility failed to proin-service education from ployed.  483.75(f) NURSE AID COMPETENCY/CAR	the continuing competence of st be no less than 12 hours reas of weakness as aides' performance reviews e special needs of residents e facility staff; and for nurse loces to individuals with ts, also address the care of red.  T is not met as evidenced facility documentation review cility failed to provide twelve ducation per year for six of Nurse Aides (CNA)  t:  umentation titled Currently aled twenty-two CNA's lity. Review of facility al in-service hours for a December 2011 revealed did not have the twelve in-service education.  ector of Nursing on May 15, the front office, confirmed ovide twelve hours of for the Certified Nurse Aides	{F 498}	CNA's inservices was provided to each CN the office manager.  4) The DON/Office report in-service hou quarterly to the QAP beginning 6/1/12 and Administrator will re Board meeting quart scheduled QAPI Cormeeting on 6/20/12.	Manager will ars of CNAs I Committee I ultimately the eport to the erly. The next	
	the idonty must ensu	are and muise dives are able		A DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY		

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{F 497	sufficient to e nurse aides, l per year; add determined in and may addr as determined aides providin cognitive impathe cognitively  This REQUIRI by: Based on revi	nsure the cout must be ress areas nurse aide ess the spet by the fac g services airments, all impaired.	continuing competence of a no less than 12 hours of weakness as as performance reviews acial needs of residents illity staff; and for nurse to individuals with so address the care of anot met as evidenced by documentation review	{F 49	7)		
	hours of in-ser twenty-two Cer employed.	vice educat tified Nurse	ailed to provide twelve tion per year for six of Aides (CNA)				
	Employed Staff employed by th documentation January 2011 til	ty documer revealed to e facility. Fo of total in-so prough Dec o listed did	ervice hours for ember 2011 revealed not have the twelve				
498} SS=D	2012, at 3:15 p. the facility falled in-service educa employed. 483.75(f) NURS COMPETENCY	m., in the fit to provide ation for the E AIDE DE	Certified Nurse Aides	{F 498}	F498 483.75(f) Nurs Demonstrate Compo Needs		6/6/12

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	to demonstrate come techniques necessal needs, as identified assessments, and described assessments, and described assessments, and described assessments, and described assessments, and described assessments, and described assessments, and described assessments and observation of two reviewed.  The findings included Resident #23 was addoctober 2, 2008, with Dementia and Osteop Medical record reviewed attention continuous dependent on staff for disorder, obvious or fill teeth, and a mechanic Medical record reviewed attention continuous dependent on staff for disorder, obvious or fill teeth, and a mechanic Medical record review Plan dated last review revealed, "assist with neededhoney thicke Medical record review nstructions no date reasyringe"	petency in skills and ry to care for residents' through resident escribed in the plan of care.  T is not met as evidenced on and interview the facility ified Nurse Assistant d to provide services to one nty-seven residents  i:  mitted to the facility on diagnoses including corosis.  If of the Minimum Data Set is revealed the resident was daily decision making, sty present, totally reating, no swallowing kely cavity or broken natural cally altered diet.  of an Interdisciplinary Care ed June 16, 2011, in feeding as		Resident #23  1) Upon being many CNA #16 practice of Resident #23, the DO her, and other CNA's concerning the discorphysician order and hat thicken residents food feeding devices such a syringes must be appropried to using special was added to the policy with Meals" and in-seprovided to all RNs, I on 5/27/12-5/30/12 by RN/LPN/CNA who hat the above in-service countil they have attended service.  Exhibit On 5/15/12 to be designee observed a residents and no other were being fed with a services were provided LPN, & CNA's 5/27/1 Any RN/LPN/CNA whattended the above in-serviced the services were provided the services were provided the above in-services were provided the services were provided	ON in-serviced s, on 5/14/12 intinuation of ice without a now to properly d. Use of as use of roved by DON devices. This cy "Assistance ervices were LPNs, & CNAs y DON. Any as not attended annot work ed an in-  t # 46  5/16/12, DON all other residents syringe. Indice each RN, 2-5/30/12. ho has not	
i a	Medical record review nstructions no date re a syringe"	of a Resident Plan of Care vealed, "can be fed using		were being fed with a services were provided LPN, & CNA's 5/27/1 Any RN/LPN/CNA wi	syringe. Indito each RN, 2-5/30/12. ho has not	

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		1	F 498	service.		
				<ul> <li>3) The DON or design monitor monthly resident assistance with eating to no resident is being fed syringe without physicial proper evaluation by Sp. Therapist beginning 6/1. The DON/ADON will residents requiring assist eating and any swallowing difficulties and will commonthly for 6 months on substantial compliance in been achieved.</li> <li>4) The DON will report outcomes of monitoring requiring feeding assistance to quarterly QAPI Contained ultimately the Admit will report to the Board of quarterly. The next scheen Committee meeting is see 6/20/12.</li> </ul>	onts requiring ensure that with a an order and eech /2012. monitor tance with ng inue until has been has the residents nee at the mmittee. mistrator meeting duled QAPI	
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1 1 2 2 a	#23 with a syringe co been thickened and to student to thicken the interview with the CN 2012, at 9:50 a.m., in CNA student #1 had in syringe.	8:18 a.m., in the activity student #1 feeding Resident entaining milk that had not the DON instructed the milk.  A Instructor on May 15, the front office, confirmed not been trained to feed with	{F 498}			
S=D R If pr to ha	be provided by the fave that service furniers erson or agency outs rangement describer	NGE/AGRMNT	(F 500)			
fun wri obt sta pro	Act or agreements nished by outside re- ting that the facility a aining services that ndards and principle	s that apply to services in such a facility:				
by:		s not met as evidenced lity contracts, the facility is contract				
The	findings included:					

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	the facility on May 16 degreement was date 483.75(i) RESPONS DIRECTOR The facility must des	contract received by fax from 5, 2012, revealed the d May 15, 2012, IBILITIES OF MEDICAL Ignate a physician to serve	F 501				
	as medical director.  The medical director implementation of recoordination of medical directors.	sident care policies; and the		000			
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	the facility to develop procedures related to resident's #2, #4, #5, Immediate Jeopardy; #4 In Immediate Jeop placed resident #5 in I faiture to provide men	s faiture to cottaborate with and implement policies and resident safety placed #14, #18, #19, and #26 in placed resident #1, #2, and arrly related to abuse, and immediate Jeopardy for tel beath services.					The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon

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SS=F	the facility on May 16 agreement was date 483.75(i) RESPONS DIRECTOR  The facility must des as medical director.  The medical director implementation of medical director facility must des as medical director.  The medical director implementation of medical director facility of medical reserview, observation, a Director failed to prove the development of the development of the facility to developmental illness/behaviorsychiatric services.  The Medical Director's the facility to developmencedures related to esident's #2, #4, #5, immediate Jeopardy; 4 in Immediate Jeopardy; 4 in Immediate Jeopardy; 5 in Immediate Jeopardy; 6 in Immediate Jeopardy; 6 in Immediate Jeopardy; 7 in Immediate Jeopardy; 7 in Immediate Jeopardy; 8 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeopardy; 9 in Immediate Jeo	ignate a physician to serve  is responsible for sident care policies; and the cal care in the facility.  is not met as evidenced cord review, facility policy and Interview, the Medical ide oversight and participate is policies and procedures to y, ensure residents were ensure that residents with ors were provided  is failure to collaborate with and implement policies and resident safety placed #14, #18, #19, and #26 in placed resident #1, #2, and ardy related to abuse, and immediate Jeopardy for		F 501 483.75 (2) Responsi of Medical Director  1) Upon receipt of the 2567 Deficiency Report on 5/21/11 identifying immediate jeopar F 501 tag, the Medical Direct notified by the DON and the Survey report was reviewed idepth with Medical Director 5/27/12.  The Abuse Investigation politice. Reporting Abuse To Facil Management; Resident To Realtercation; Abuse Investigat Behavior Assessment and Monitoring have been review revised on 5/27/2012 by the Eand approved by the Medical Director, Administrator and Committee on 5/27/12.  Exhibit # 24	2 rdy for tor was full in- on cies, lity esident ions; ed and OON	6/6'12

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			F 50		responding satisfactorily to treatments. These in-serve conducted on 5/28/12 & 5 DON and RN/BSN. Insergiven to all RN's, LPN's, by DON and RN/BSN fro 5/27/12-5/30/12. Staff not attendance will no be able until in-services are comp. DON/RN will oversee in-sand report to QA/PI.  The Administrator and DO reviewed the Geropsych consure every other week vibe provided to address resignition, problematic behavior or millness. This was confirme 5/18/12 by the Administrator A Falls Prevention Program The Falling Leaf Program developed by the interdiscite team in January 2012 and Falling Therapy is responsible for the program. This has been rev	ices were /29/12 by vices CNA's, m in to work lete. services  ON ontact to sits could dents ental d on or. n called was plinary 'hysical his	
					and revised on 5/27/12 to p staff and interdisciplinary to members with an approach	eam	
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PREFIX TAG  PREFIX TAG    CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   F 501   evaluating and identifying appropriate interventions. New forms and revised process for investigating falls have been developed and implemented 5/28/12. Fall checklist, post fall Nursing Assessment, post Fall Investigation, Occurrence Investigation, Occurrence Investigation Statement were approved by the DON, Administration and Medical Director on 5/28/12. Beginning 5/28/12 the Physical Therapist began screening residents with falls.  The revised post Fall Investigation Form has possible Preventative Measures and suggested interventions that can aid licensed staff with implementing appropriate interventions and Potential Interventions and Strategies for Reducing the Risk for Falls were posted at the Nursing Station as a resource for selection of interventions if a fall occurs. This was done 5/29/12 by DON.  The Falls Prevention Program includes a quarterly assessment of resident rooms and bath equipment conducted by maintenance staff for		DAYTON, TN 37321						
appropriate interventions.  New forms and revised process for investigating falls have been developed and implemented 5/28/12. Fall checklist, post fall Nursing Assessment, post Fall Investigation, Occurrence Investigation, Occurrence Investigation Statement were approved by the DON, Administration and Medical Director on 5/28/12. Beginning 5/28/12 the Physical Therapist began screening residents with falls.  The revised post Fall Investigation Form has possible Preventative Measures and suggested interventions that can aid licensed staff with implementing appropriate interventions. Also Fall Prevention and Potential Interventions and Strategies for Reducing the Risk for Falls were posted at the Nursing Station as a resource for selection of interventions if a fall occurs. This was done 5/29/12 by DON.  The Falls Prevention Program includes a quarterly assessment of resident rooms and bath equipment conducted by maintenance staff for	PREFIX	SUMMARY STATI	EMENT OF DEFFICIENCIES	PREF		(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AR	HOULD BE	COMPLETIO
needed repairs. This assessment  ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE (X6) DATE	ORATORY DIREC	CTOR'S OR PROVIDER/SUP	PLIER REPRESENTATIVE'S SIGNATURE	F 50	1	appropriate interventions. New forms and revised prinvestigating falls have be developed and implemente 5/28/12. Fall checklist, por Nursing Assessment, post Investigation, Occurrence Investigation Statement we approved by the DON, Administration and Medic Director on 5/28/12. Beginning 5/28/12 the Phy Therapist began screening with falls. The revised post Fall Investigation state and suggested interventions that can aid listaff with implementing appropriate for Reducing the Falls were posted at the Nu Station as a resource for seinterventions if a fall occur was done 5/29/12 by DON. The Falls Prevention Program includes a quarterly assessment of the producted by maintenance and ended repairs. This assess	occess for en ed ost fall Fall ere al residents stigation ative decensed propriate evention and Risk for rsing election of s. This am ment of hipment staff for	(YELDATE

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			F 5	01	was begun January 2012 an 05/29/2012 to capture the appropriate documentation repairs.  Inservices given 5/27/2012 5/30/2012 to all RN's, LPN CNA's. Staff not in attendar not be able to work until ins are complete. DON/RN will inservices and report to QA/newly created falls checklist provides the notification as a	for s, nce will ervices oversee PI. The	
					The Falls Prevention and Pol Interventions was placed at r on 5/28/12 and inserviced to and others, 5/28/12-5/30/12 I DON and RN/BSN.	f falls. dential durses nurses	
					The DON is responsible for to overall Falls Prevention Progeffective 5/29/2012.		
					Exhibit # 21		
					The Accident and Incidents C Protocol policy for conductin Neuro checks following incid where residents may have suf head injury during the fall or	g ents fered	
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			F 5		witnessed fall, was revised to the Physician and obtain order frequency of Neuro checks. residents experiencing falls monitored for 72 hours included Neuro checks as ordered by physician. DON or designed monitor this process effective 5/16/12. Inservices given 5/27/2012-5/30/2012 to all RLPN's, CNA's, Housekeepir Dietary, Social Worker, Maintenance, Activities Directary, PT, Office Staff, Administrator, Feeding Assis Staff not in attendance will neable to work until inservices complete. DON/RN will over inservices and report to QA/FEE Exhibit # 20  The Accident and Incidents CP Protocol policy for conductin Neuro checks following incided where residents may have suff head injury during the fall or witnessed fall, was revised to the Physician and obtain order frequency of Neuro checks. A residents experiencing falls we monitored for 72 hours included the sufficient of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process	lers for All will be ading e will e Wn's, ag, actor, sts. oo be are are are are are fered an uncall ars for All ill be	
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			F 50	1	Neuro checks as ordered physician. DON or designonitor this process effect 5/16/12. Inservices given 5/27/2012-5/30/2012 to all LPN's, CNA's, Housekee Dietary, Social Worker, Maintenance, Activities D Laundry, PT, Office Staff, Administrator, Feeding As Staff not in attendance will able to work until inservice complete. DON/RN will or inservices and report to Qa Exhibit # 28  Those residents identified restrained by the use of sides.	nee will tive  I RN's, ping, irector, ssists. I no be es are versee A/PI.	
					Geri chairs, merry-walker of specialized wheelchair recording pre-restraint assessment and informed consent obtained process was begun on 5/15 was completed on 5/29/12 Medical Director and DON approval.  Exhibit # 9	or cived a d an This /12 and with	
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ORATORY DIDE	CTOP'S OR REQUIRE CO.	PLIER REPRESENTATIVE'S SIGNATURE	F 50	01	2) The following policies procedures have been chaddress these deficient pulse of Restraints Behavior Assessment and Monitoring Side rail Evaluation on A and Quarterly Abuse Investigation/Sect Resident Rights/ Guidelin Nursing Procedures Accident and Supervision Exhibit # 10  On 5/29/12 Medical Direct attended QA Committee of any policies or process chanceded to be addressed. It also available for any residense that nurses and offit have had or orders needing signatures.  On 5/27/12 the Medical Direct made rounds, assessed and evaluated all residents with psychoactive medications residents with behavior dia This evaluation was also documented in the Medical 5/27/12.	anged to ractices:  d Admission lusion nes for all  ctor to approve langes that He was dents' ce may g  Director d h or agnoses.		
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FREFIX TAG  PREFIX TAG  GEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  3) The medical director will be informed of all monitoring concerning the deficiencies stated in the 2567 either individual reporting or at the quarterly QAPI committee meeting beginning 5/27/12. The DON or designee will monitor all behaviors weekly to ensure residents receive appropriate care. A list of residents biweekly by Geriopysch Services, will provide to the DON, beginning 5/31/12. DON will monitor residents who have consultation from outside providers monthly. Restraints will be monitored weekly for four weeks until process is in place and functioning efficiently, then quarterly thereafter.  Abuse allegations will be logged as received and investigated 24-72 hours, effective 5/15/2012.  The DON/MDS Coordinator/ PT will monitor all falls effective 5/29/12.  The DON/designee will monitor all restraints assessed and ordered by			EMENT OF DEFEIGENCIES	- ID	<u></u>	DAYTON, TN 37321		
informed of all monitoring concerning the deficiencies stated in the 2567 either individual reporting or at the quarterly QAPI committee meeting beginning 5/27/12. The DON or designee will monitor all behaviors weekly to ensure residents receive appropriate care. A list of residents biweekly by Geriopysch Services, will provide to the DON, beginning 5/31/12. DON will monitor residents who have consultation from outside providers monthly. Restraints will be monitored weekly for four weeks until process is in place and functioning efficiently, then quarterly thereafter.  Abuse allegations will be logged as received and investigated 24-72 hours, effective 5/15/2012.  The DON/MDS Coordinator/ PT will monitor all falls effective 5/29/12.	PRÉFIX	SUMMERCE STAT	EMENT OF DEFFICIENCIES	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETIO
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			F 50	DI	are safe by utilizing the lear restrictive measures possible will be monitored for three beginning 6/1/12, and reeven that time if monitoring need continue with approval from QAPI Committee.  The DON will monitor all a to ensure the absence of all abuse, including involuntar seclusion. This was begun a 5/29/12 and will continue indefinitely.  4) The DON will report the outcomes of abuse, behavior management, delays in mediand restraint monitoring to a quarterly QAPI Committee ultimately the Administrator report to the Board meeting quarterly. The next schedule Committee meeting is 6/20/10.	ele. This months, aluate at ds to m the residents forms of your care the and r will ed QAPI	
BORATORY DIREC	TOR'S OR PROVIDER/SUP	PLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

CENTE	ERS FOR MEDICARE	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES	86	552125642 >> 42377	FOR	D: 08/07/20
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION DING	(X3) DATE	O. 0938-039 SURVEY LETED
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	correction to include ensure the deficient the facility's corrective	an acceptable plan of continued monitoring to practice does not recur and	F 501			
(F 504) SS=D	483.75(j)(2)(i) LAB S' ORDERED BY PHYS The facility must prov	VCS ONLY WHEN SICIAN ride or obtain laboratory rdered by the attending	{F 504}	F 504 483.75(j)(i)(2)(i) Lab Services Only When Orde Physician Resident #1		6/6/12
t t	by: Based on medical rec he facility failed to obl aboratory test for one wenty-seven resident	is not met as evidenced cord review and interview, tain a physician order for a resident (#1) of s reviewed.		1) On 5/15/12, the DON co an in-service with all RNs at on the "Request for Diagnos Services-Lab, X-Ray" policy policy, "Request for Diagno Services-Lab, X-Ray" was p on the bulletin for quick refer	nd LPNs stic y. The stic	
R 20 M D	008, with diagnoses in lood Disorder, Seizur hisorder.	tted to the facility on July 8, notuding Quadriplegia, e Disorder, and Bipolar of the Minimum Data Set		on 6/1/12 to reinforce the inconducted on 5/15/12. Any land LPN who have not attended service on "Request for Diag Services-Lab, X-Ray", cannot until they have attended an i	-service RN or an in- gnostic ot work	
In (N	MDS) dated March 15 sident scored fifteen terview for Mental Statect cognitive skills are terview with the Nursi	ng 2012, revealed the conflicteen on the Brief catus (BIMS) indicating and no memory impairment.  Ing Home Administrator at 1:50 p.m., in the NHA drug screen was		2) On 5/29/12, all other reside who had lab work during the of May were audited to chec physician orders by ADON. policy "Request for Diagnos	lents month k for This	

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{F 504}	Continued From pag without the resident' Medical record revie	s knowledge. w of the Physician Orders for	{F 504	Services-Lab, X-Ray" v serviced quarterly for the months beginning 6/1/2	ne next six	
	May 2012, revealed screen.  Interview with the Dir May 9, 2012, at 9:10 confirmed the facility	no Physician Order for a drug rector of Nursing (DON) on a.m., in the front lobby, completed a urine drug nt without a Physician Order.		3) The DON/ADON wall lab work weekly to ephysician order is presephysician. This was begun and will continue weekly	ensure a nt beginning n on 6/1/12 ly for six	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
{F 507}	C/O #27265 #28092	REPORTS IN RECORD	{F 507}	has been achieved.  4) The DON will report outcomes of lab monitors.	rt the	
1	record laboratory rep	n the resident's clinical orts that are dated and d address of the testing		next quarterly QAPI Co ultimately the Administ report to the Board mee quarterly. The next sche	mmittee and rator will ting cduled QAPI	
t	by: Based on medical red			Committee meeting is 6	/20/12.	
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(l Ir ir	MDS) dated March 15 esident scored fifteen terview for Mental State tact cognitive skills a	of fifteen on the Brief tatus (BIMS) indicating and no memory impairment.				
lr (t	iterview with the Nurs NHA) on May 7, 2012	sing Home Administrator , at 1:50 p.m., in the NHA				

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	PROVIDER OR SUPPLIER LBROOK SANITARIUM		s	STREET ADDRESS, CITY, STATE, ZIE 114 CAMPUS DRIVE DAYTON, TN 37321	CODE	5/05/2012	_
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{F 507} SS=D	Interview with the Dir May 9, 2012, at 9:10 confirmed the facility screen on the resider C/O #27265 #28092 483.75(j)(2)(iv) LAB FLAB NAME/ADDRES The facility must file irrecord laboratory reportant the name and aboratory.  This REQUIREMENT by: Based on medical record for one inventy-seven residents wenty-seven residents fine findings included: Interview for Mental Statact cognitive skills ar terview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursiterview with the Nursit	s knowledge.  w of the Physician Orders for no Physician Order for a drug rector of Nursing (DON) on a.m., in the front lobby, completed a urine drug of without a Physician Order.  REPORTS IN RECORD -  S  the resident's clinical ords that are dated and address of the testing  is not met as evidenced ford review and interview, laboratory results on the resident (#1) of s reviewed.	{F 507}	F 507 483.75(j)(2)(iv)	the policy of lab reports of record of the conducted of the policy of lab reports of the conducted of the placed in the residents of the placed in the residents of the placed in the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the placed of the pl	6/6/12	

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(F 519) 4 SS=D f f k h o u re tr b in e de st	Medical record review May 2012, revealed record review May 2012, revealed recreen and no laboral screen on the clinical Interview with the Direct May 9, 2012, at 9:10 a confirmed the facility of screen on the resident on the clinical record.  C/O #27265 #28092  483.75(n) TRANSFER HOSPITAL  In accordance with secated in a State on a lave in effect a written and the machine or more hospitals ander the Medicare and easonably assures the ansferred from the farmsured of timely admit ansfer is medically apply the attending physical formation needed for esidents, and, when the ems it appropriate, for the residents can be a control of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of the sidents of t	ne drug screen was sident on May 3, 2012, is knowledge and the resident results.  W of the Physician Orders for no Physician Order for a drug atory results for a urine drug record.  Bector of Nursing (DON) on a.m., in the front lobby, completed a urine drug at and the results were not and the results were not and the results were not at and the results were not a transfer agreement with approved for participation d Medicaid programs that at residents will be cillty to the hospital, and assion to the hospital when propriate, as determined alan; and medical and other care and treatment of the transferring facility or determining whether adequately cared for in a than either the facility or	{F 507	conducted quarterly for 6 mod DON.  3) The DON or designee will monitor all lab work ordered ensure all lab work is placed chart in a timely manner, beginning 6/1/12. This policy will be serviced quarterly for the new months beginning 6/1/12. The DON or designee will make lab work ordered by physicial ensure that all lab work will placed in the residents chart timely manner. This was beging 5/15/12 and will continue we for six weeks, then as needed ensure compliance has been achieved.  4) The DON will report the outcomes to the next quarterly QAPI Committee and ultimate Administrator will report to the Board meeting quarterly. The scheduled QAPI Committee meeting is 6/20/12.	to in the ginning in- ext six sonitor in to be in a un on tekly it to	

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	without the resident's was not aware of the Medical record reviet May 2012, revealed a screen and no labora screen on the clinical Interview with the Din May 9, 2012, at 9:10 confirmed the facility	ne drug screen was sident on May 3, 2012, s knowledge and the resident e results.  W of the Physician Orders for no Physician Order for a drug story results for a urine drug i record.  ector of Nursing (DON) on a.m., in the front lobby, completed a urine drug at and the results were not			
SS=D F	C/O #27265 #28092 483.75(n) TRANSFER HOSPITAL In accordance with se acility (other than a ni ocated in a State on a lave in effect a writter one or more hospitals inder the Medicare ar easonably assures the ansferred from the fa muser of timely adm ansfer is medically ap by the attending physic formation needed for esidents, and, when the eems it appropriate, for	ction 1861(I) of the Act, the ursing facility which is in Indian reservation) must be transfer agreement with approved for participation and Medicald programs that at residents will be incility to the hospital, and ission to the hospital when expropriate, as determined clan; and medical and other care and treatment of the transferring facility or determining whether adequately cared for in a than either the facility or	(F 519)	F 519 483.75(n) Transfer Agreement with Hospital  1) Upon becoming aware of the need of a hospital contract, the Administrator negotiated a trans agreement for hospital services a local hospital on 6/1/12.  2) The Administrator reviewed contracts to ensure all patient contracts were viable.  3) The Administrator will biannually review all contracts for validity, effective 6/1/12.	all

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(F 519)	agreement in effect good faith to enter in hospital sufficiently of transfer feasible.	ge 96 dered to have a transfer if the facility has attempted in ito an agreement with a close to the facility to make  T is not met as evidenced	{F 519	4) The Administrate quarterly to the QA any changes in contact additions of contract altimately to the Boquarterly. The next Committee meeting	PI committee on tracts or ots, and oard meeting scheduled QAPI	
	Based on facility do the facility failed to hagreement with a hound the findings included Review of facility documented survey on lawritten transfer agree and a hospital for tra	·				
F 520 -	of Nursing in the phys		F 520			
! a : r : f	assurance committee nursing services; a pl	In a quality assessment and consisting of the director of hysician designated by the other members of the			7	
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; ;	by:	spital.				
; (   \   2	extended survey on N Written transfer agree!	umentation requested for lay 15, 2012, revealed no ment between the facility sfer of residents if medically				
f 520 4 SS=F C	of Nursing in the physi	ninistrator and the Director ical therapy room on May confirmed no agreement	F 520	F520 483.75 (o)(i) QA Committee Members/Meet Quarterly/ Plan		5/6/12
; a: : ni : fa ; fa	ssurance committee oursing services; a phy cility; and at least 3 outlity's staff.			1) The Quality Assurance Planeviewed and revised by the Dand Healthcare Consultant on 5/28/12. This revised plan, Quality Assessment/ Performance	DON uality	
: TI	ne quality assessmen	t and assurance		Improvement Plan was presen	ted at	-

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	issues with respect and assurance active develops and impler action to correct ider action to correct ider action to correct ider action to correct ider action to correct ider actions of the recept insofar as succompliance of such a requirements of this Good faith attempts and correct quality data basis for sanctions. This REQUIREMENT by:  Based on review of the Committee attendance investigation reviews, and introduced in the consultative services unknown origin as pomprovement.  The facility's failure to cormulate/implement in the residents in Imputation in which the	least quarterly to identify to which quality assessment littles are necessary; and ments appropriate plans of ntified quality deficiencies.  Letary may not require ords of such committee ord disclosure is related to the committee with the section.  Letary may not require ords of such committee to the committee with the section.  Letary may not require ords of such committee ords and the committee with the section.  Letary may not require ords of such committee with the section of section.  Letary may not require ords of such committee ords will not be used as a section.  Letary may not require ords ords ords ords ords ords ords ords	F 520	Exhibit  A revised QA standing developed by the Head Consultant to ensure a are addressed and standare reviewed quarterly issues with resident castanding agenda was a 5/29/12 by the QA Consultant Care Consultant Care Consultant issues with resident castanding agenda was a 5/29/12 by the QA Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Consultant Care Care Care Care Care Care Care Care	g agenda was althcare quality issues ading reports of for any are. This approved ommittee.  It # 26  It # 26  It # 26  It # 26  It # 26  It # 26  It # 26  It # 26  It # 20  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  It # 14  I	
ˈ h		y to cause, serious injury,		identify in-services ne address each tag cited given to all RN's, LPI	. Inservices	

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	ROVIDER OR SUPPLIER BROOK SANITARIUM			reet address, city, state, zii 114 Campus Drive DAYTON, TN 37321		05/2012
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	Compliance on May conducted on June 4 corrective actions im removed the Immedi	a Credible Allegation of 30, 2012. A revisit 4 - 5, 2012, revealed the plemented on May 30, 2012, late Jeopardy.	F 520	Housekeeping, Dietary Worker, Maintance, A Director, Laundry, PT Administrator, Feeding DON and RN/BSN fro 5/30/12. Staff not in at	ctivities , Office Staff, g Assists by om 5/27/12- ttendance will	
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Observation of the resolution of the resolutions of reside the test of the contractions of reside the contractions of reside the contractions of the contraction of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions o	tinues at an "F" level citation from minimal harm).  d:  dible Allegation of complished through medical vation, facility policy review, ew, and interviews with the administrative staff, or of the care plans for the w-up sample revealed the revised to include ons for managing behaviors sidents throughout the d no residents were and there were no ent altercations. Facility in activities to behavioral		no be able to work untare complete. DON/RI inservices and report to 3) The DON has devestanding agenda to ensare missed. Developed reports for accidents/ir wound care, infection behavior management.  4) The DON will report outcomes of monitoring of care provided through behavior management, medical care and restration in the complete and ultimated the committee and ultimated and ministrator will report outcomes of monitoring and other indentified to the quarter dentified to the quarter committee and ultimated and meeting quarter scheduled QAPI Commeeting is 6/20/12.	N will oversee to QA/PI.  loped a sure no items trending neidents, control, and of the g of quality gh abuse, delays in aint indicators erly QAPI tely the ort to the ly. The next	

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		& MEDICAID SERVICES				M APPROVED 0. 0938-0391
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	therapy room.  The facility provided Director was educal Consultant/RN on the abuse allegations, a allegations in a time. The facility provided Assurance/Performabeen revised to incluidentifying quality is abuse, medication ewounds, and other program, approved Quality Assurance in 2012. Continued revised program information on Resid Abuse Investigations Management, and a worksheet for data gettled. Resident Abuse The facility provided Director reviewed, refollowing facility police 2012. Abuse Investigations Management and Massessment and Management and Massessment and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and Management and M	devidence the Medical ted by the Healthcare he importance of recording and investigating and reporting by manner.  I evidence of the Quality ance Improvement Plan had ude a standing agenda for sues with falls, incidents, errors, infection control, berformance indicators.  evidence of the review and y's Abuse Prevention by the Medical Director at the neeting conducted on May 29, view of the evidence revealed contained detalled dent-to-Resident Altercations, as, Reporting Abuse to Facility 3-page investigative pathering and evaluation se Investigation Report Form.  evidence the Medical evised, and approved the cies on May 27, and May 29, igation/Seclusion, Behavior onitoring, Use of Restraints Residents, Falling Leaf residents at risk for falls), on Admission and Quarterly.	F 520			

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; ;	Procedures, Accided Abuse Investigation Abuse to Facility Ma Resident Altercation The facility provided in-service education Abuse Prevention, Rights, and Behavior Random interviews when the facility will remain level until it provides correction to include ensure the deficient procedure of the facility's correction to the facility's correction to include ensure the deficient procedure of the facility's correction to include ensure the deficient procedure of the facility's correction to include ensure the deficient procedure of the facility's correction to include ensure the deficient procedure of the facility's correction to include ensure the deficient procedure of the facility's correction to include ensure the deficient procedure of the facility's correction to include ensure the deficient procedure of the facility's correction to include ensure the deficient procedure of the facility is correction.	nt and Supervision. The policies included Reporting inagement, Resident to , and Abuse Investigations.  evidence of mandatory and training to all staff on tesident Safety, Resident Management.  with multidisciplinary staff is revisit from June 4 through med they had received abuse prevention, resident evior, and resident rights.  In out of compliance at an "F" an acceptable plan of continued monitoring to practice does not recur, and	F 520			